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County Borough of Southend-on-Sea.

# ANNUAL REPORT

ON THE WORK OF THE  
PUBLIC HEALTH DEPARTMENT

For the Year 1937

BY

CHARLES GRANT PUGH

Medical Officer of Health, D.P.H. Officer, M.B. (Ed.),  
F.R.C.P. (Lond.)

Senior Officer of Health & School Medical Officer,  
Medical Officer of Mental Deficiency Commission, Etc.





**County Borough of Southend-on-Sea.**

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L.R.C.P. (Lond.)

Medical Officer of Health & School Medical Officer,  
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## COUNTY BOROUGH OF SOUTHEND-ON-SEA.

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### HEALTH COMMITTEE.

November, 1937, to November, 1938.

Mrs. Councillor M. BROOM (Chairman).

THE MAYOR (Mr. Alderman H. A. Dowsett, J.P.).

Mr. Alderman S. F. JOHNSON, J.P.

Mr. Alderman J. J. SULLIVAN.

Mr. Coun. W. BRAY.	Mrs. Coun. M. E. HARVEY.
Mr. Coun. F. CAUSE.	Mr. Coun. F. J. LOCKYER, O.B.E.
Mr. Coun. S. J. COXELL.	Mr. Coun. C. J. TUNNICLIFFE.
Mr. Coun. J. T. Fowler, J.P.	H. W. COOPER, Esq., J.P.
Miss M. M. Hamilton.	Dr. L. GORDON HOPKINS, J.P.

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### SANITARY COMMITTEE.

November, 1937, to November, 1938.

Mr. Alderman A. A. BUTTERFIELD, J.P. (Chairman).

THE MAYOR (Mr. Alderman H. A. Dowsett, J.P.).

Mr. Alderman W. J. PERRETT.

Mr. Coun. H. J. ANDERSON.	Mr. Coun. W. COURT.
Mr. Coun. S. H. J. BATES.	Mr. Coun. H. W. GOSLING.
Mr. Coun. J. R. CLARKE.	Mrs. Coun. M. E. HARVEY.
Mr. Coun. J. A. COSTIN.	Mr. Coun. E. J. TREVETT.

## MATERNITY AND CHILD WELFARE COMMITTEE.

November, 1937, to November, 1938.

Mrs. Councillor M. BROOM (Chairman).

This Committee consists of the Council Members of the Health Committee, together with three co-opted members, *viz.*—

Mrs. F. BROCKBANK, Dr. L. Gordon HOPKINS, J.P., and  
Mr. E. STONE.

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## COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE.

November, 1937, to November, 1938.

Mr. Councillor F. CAUSE (Chairman).

This Committee consists of the Council Members of the Health Committee, together with three co-opted members, *viz.*—

Miss A. DELF, B.A., Dr. L. Gordon HOPKINS, J.P., and  
H. W. COOPER, Esq., J.P.

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## COMMITTEE UNDER THE BLIND PERSONS ACT.

November, 1937, to November, 1938.

Mr. Councillor F. J. LOCKYER, O.B.E. (Chairman).

This Committee consists of the Council Members of the Health Committee, together with three co-opted members, *viz.*—

Captain LE PAGE AGNEW, Mr. W. ENEVER, and Mr. G.  
ROSE.

## PUBLIC HEALTH STAFF.

## A. MEDICAL &amp; DENTAL STAFF.

## 1. WHOLE-TIME.

*(a) At the Municipal Health Centre—*

- (i) Charles Grant Pugh, M.D. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), B.Sc. (Lond.), D.P.H. (Camb.), Medical Officer of Health, School Medical Officer, Medical Officer of Venereal Diseases Clinic, Medical Officer to Mental Deficiency Committee, Medical Officer to Blind Persons Act Committee.
- (ii) James Stevenson Logan, M.B., Ch.B. (Liverpool), D.P.H. (Liverpool), Deputy Medical Officer of Health, Deputy School Medical Officer, and Assistant Medical Officer of the Venereal Diseases Clinic.
- (iii) John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Manchester), Assistant School Medical Officer and Assistant Medical Officer of Health.
- (iv) Jeannie Kean, M.B., Ch.B. (Edinburgh), D.P.H. (Edinburgh), Assistant Medical Officer of Health, Assistant School Medical Officer, Assistant Medical Officer of Venereal Diseases Clinic. Acts as Inspector of Midwives.
- (v) George Norman Meachen, M.D., B.S. (Lond.), M.R.C.P. (Lond. and Edin.), Clinical Tuberculosis Officer.

*(b) At Municipal Hospital—*

- (i) Samuel Cieman, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Superintendent of the Hospital and Medical Officer of the Poor Law Institution.
- (ii) Norman Ernest Pitt, B.Sc. (Lond.), F.R.C.S. (Eng.), M.B., B.S. (Lond.), Deputy Medical Superintendent.
- (iii) Alan J. Matheson, Assistant Medical Officer, M.B., Ch.B. (Bristol). ...
- (iv) John Spencer Stewart, Assistant Medical Officer, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
- (v) Walter Ralph Russell, Assistant Medical Officer, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

(c) *At the Borough Sanatorium.*

Harold Leslie Whitchurch Beach, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.S. (Lond.), D.P.H. (Lond.), Medical Superintendent of the Council's Infectious Diseases Hospitals, and Assistant Medical Officer of the Venereal Diseases Clinic.

(d) *Dental Staff.*

- (i) Basil Crisp, L.D.S. (Eng.), Dentist, his work being mainly in connection with the School Medical Service, but also undertaking, when required to do so, the dental treatment of patients in connection with the Tuberculosis and the Maternity and Child Welfare Schemes of the Council.
- (ii) Edgar Crees Austen, L.D.S. (Eng.), Assistant Dentist.

2. PART-TIME.

(a) *At the Municipal Hospital—*

- (i) Consulting Physician—R. Sleight Johnson, M.D. (Lond.), M.B., B.S., M.R.C.P. (Lond.), M.R.C.S. (Eng.), D.P.H., (Lond.).
- (ii) Consulting Surgeons—  
Donald Barlow, M.S., F.R.C.S. (Eng.).  
Robt. H. Campbell, F.R.C.S. (Eng.).  
Rodney Maingot, F.R.C.S. (Eng.).
- (iii) Consulting Gynæcologists and Obstetricians—  
Aleck Bourne, F.R.C.S. (Eng.).  
J. Lyle Cameron, F.R.C.S. (Eng.).
- (iv) Consulting Orthopædic and Fracture Surgeon—  
B. Whitchurch Howell, F.R.C.S. (Eng.).
- (v) Consulting Radiologist—  
G. White Phillips, M.D., D.M.R.E. (Liverpool)
- (vi) Consulting Ophthalmic Surgeon—  
D. D. Evans, M.C., M.A., M.B., B.Ch., D.O.M.S., M.R.C.S. (Eng.).
- (vii) Consulting Ear, Nose and Throat Surgeon—  
C. Hamblen Thomas, F.R.C.S. (Eng.).
- (viii) Consulting Neurologist—  
T. Rowland Hill, M.D., M.R.C.P. (Lond.).
- (ix) Consulting Pædiatrician—  
J. N. O'Reilly, B.M., M.R.C.P. (Lond.).
- (x) Consulting Psychiatrist—  
Rolf Ström-Olsen, M.D.
- (xi) Consulting Anæsthetist—  
J. H. T. Challis, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
- (xii) The Tuberculosis Officer acts as Consulting Physician for Tuberculosis,



(b) *At Infant Centres and Ante-Natal Clinics.*

- (i) Ralph Norman, M.D. (Lond.), Medical Officer of Southend Infant Centre and of Southend, Leigh and Shoeburyness Ante-natal Clinics.
- (ii) Charlotte Shields, M.B. (Lond.), Medical Officer of Southchurch Infant Centre.
- (iii) Dora May Butler, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.S. (Lond.), Medical Officer of Leigh Infant Centre.
- (iv) Bernard Blaxill, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.Ch. (Cantab.), Medical Officer of Shoeburyness Infant Centre.

(c) *At School Clinics.*

- (i) Daniel Davies Evans, M.B., B.Ch., D.O.M.S., Specialist Ophthalmic Surgeon.

(d) *As Public Vaccinators.*

- (i) Southend (East) District.—Edmund Eyre Lloyd, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
- (ii) Southend (West) District.—Thomas Jones Clayton, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
- (iii) Leigh District.—William Douglas Watson, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.
- (iv) Eastwood District.—John Francis Murray, M.B., B.Ch. (Dublin).
- (v) Shoeburyness District.—Charles Ryan, M.B., B.Ch. (Belfast).

(e) *Specialist Surgeon for Operative Treatment of Adenoids and Tonsils under the School Medical Scheme.*

- (i) C. Hamblen Thomas, F.R.C.S. (Eng.).

## B. NURSING STAFF.

### 1. WHOLE-TIME.

(a) *At the Municipal Health Centre.*

- (i) Health Visitors who devote 45 per cent. of their time to the School Medical Service, 40 per cent. to Maternity and Child Welfare, 10 per cent. to Tuberculosis, and 5 per cent. to Mental Deficiency Work.

Miss G. Hedger.

Miss N. Hitchcock, (a), (b).

Miss K. M. Burnett, (a), (b).

Miss V. M. Crump, (b), (c).

Miss M. Butcher, (a), (b), (c).

Miss E. C. Brooks, (a), (b), (c).

Miss M. B. Thomas, (a), (b), (c).

Miss M. H. Harris, (a), (b), (c).

Miss V. H. Ferguson, (a), (b), (c).

Miss F. L. Davies, (a), (b), (c).

Miss A. B. M. Docker, (a), (b), (c).

Miss B. L. Kear, (a), (b), (c).

(a)—State Registered Nurse. (b)—State Certified Midwife.

(c)—Certificated Health Visitor.

- (ii) *School Clinic Nurse.*—Miss D. L. Willis, State Registered Nurse.

- (iii) *Dental Nurse.*—Miss G. A. McNicol.

*(b) Municipal Midwives.*

Mrs. A. L. Blackwell, (b).  
 Miss E. A. Burnett, (b).  
 Mrs. F. D. Etherington, (b).  
 Miss M. M. Harker, (b).  
 Mrs. C. E. Higgs, (b).  
 Miss A. M. Kerswell, (b).  
 Miss M. I. Pearse, (b).  
 Miss E. E. Powell, (b).  
 Miss W. M. Randall, (a), (b).

(a)—State Registered Nurse. (b)—State Certified Midwife.

*(c) At the Borough Sanatorium.*

Matron.—Miss F. Midgley.

1 Assistant Matron and Tutor.

1 Night Sister.	3 Ward Sisters.
11 Staff Nurses.	3 Tuberculosis Staff Nurses.
10 Probationers	

*(d) At the Municipal Hospital.*

Matron.—Miss A. Street.

4 Administrative Sisters.	2 Night Sisters.
1 Sister Tutor.	1 Departmental Sister (Theatre).
1 Night Superintendent.	1 Theatre Staff Nurse.
14 Ward Sisters.	2 Massage Sisters.
9 Staff Nurses.	15 Female Mental Attendants.
6 Male Nurses.	8 Male Mental Attendants.
3 Staff Midwives.	1 Theatre Orderly.
86 Probationers.	

**2. PART-TIME.***(a) At Tuberculosis Dispensary.*

Tuberculosis Dispensary Nurse—Mrs. Rowden, State Registered Nurse.

**C. OTHER WHOLE-TIME OFFICERS.***(a) At the Municipal Health Centre.*

(i) Sanitary Inspectors and Inspectors under Shops Acts.  
 Chief Inspector, L. E. Edwards.

Assistant Inspectors :—

J. H. Lott.  
 J. W. Clarke.  
 R. Drake.  
 D. J. Legg.  
 A. C. Arnold.  
 F. A. Brown.  
 E. A. Smith.  
 H. F. Dawe.

All these officers hold Certificates of the Royal Sanitary Institute as Sanitary Inspectors and as Meat Inspectors. The Chief Sanitary Inspector also acts as Inspector under Diseases of Animals Acts, Food and Drugs Acts, Shops Acts, Fertilisers & Feeding Stuffs Act, and Rag Flock Act.

(ii) Home Visitor for the Blind.  
 Miss N. Westby, Certificated Home Teacher,

(iii) Enquiry Officer.  
 Mr. J. W. Lyon,

**D. OTHER PART-TIME OFFICERS.**

- (a) Joint Public Analyst.  
Leo Taylor, F.I.C.  
Douglas Thurlow Lucke, B.Sc. (Lond.), F.I.C.
- (b) Veterinary Inspector.  
H. D. Sparrow, M.R.C.V.S.
- (c) Superintendent of Remedial Treatment Centre.  
Eileen Agnes Sampson.
- (d) Speech Therapist.  
Ethel Edna Brewitt.

**E. CLERICAL STAFF.**

Chief Clerk—Ernest A. Beasant.

6 Male Clerks and 4 Female Clerks at the Municipal Health Centre.

4 Male Clerks and 2 temporary male telephone clerks at the Municipal Hospital.



## STATISTICAL SUMMARY, 1937.

Area	...	...	...	...	...	...	...	10,333 Acres
Number of inhabited Houses—September, 1937	...							40,756
Number of unoccupied houses—September, 1937								2,030
Number of houses in course of erection— September, 1937	...	...	...	...				704
Rateable Value, 1937	...	...	...	...				£1,513,248
Sum represented by a penny rate	...			...	...	...		£5,890
General Rate, 1937-38	...	...	...	...				10/11d
Loan Debt—								
Electric Lighting, Light Railways and Pier Undertakings	...	...	...	...				£1,226,383
Gas and Water Undertakings and Private Street Works	...	...	...	...				151,520
Higher Education and Elementary Education								470,882
Public Health and General Administration Purposes	...	...	...	...				1,854,128
Housing	...	...	...	...	...			419,942
Public Assistance	...	...	...	...	...			113,768
Total				...	...			£4,236,623
Total Rainfall, 1937	...	...	...	...				29.33 inches
Total Sunshine, 1937	...	...	...	...				1422.1 hours

## SECTION A.—II.

## VITAL STATISTICS.

## POPULATION—

Census 1931 (prior to the Extension of the Borough on 1st October, 1933) ... ..	120,093
At mid-year, 1937, as estimated locally ... ..	137,000
At mid-year, 1937, as estimated by Registrar General ... ..	137,400

## LIVE BIRTHS—

	Male.	Female.	Total.
Number of legitimate births ...	731	743	1474
Number of illegitimate births	40	40	80
	<hr/>	<hr/>	<hr/>
Total Births	771	783	1554
	<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 Residents ... ..			11.31
Illegitimate Birth Rate per 1,000 Residents			.58

## STILL BIRTHS—

	Male	Female	Total
Number of legitimate still births ...	21	25	46
Number of illegitimate still births ...	3	2	5

## DEATHS—

	Male	Female	Total
Number of deaths ... ..	836	989	1825
Death Rate per 1,000 ... ..			13.28
Percentage of total deaths occurring in Public Institutions ... ..			40.7

## Deaths from pregnancy and parturition—

## Women dying in, or in consequence of, child birth—

	No.	Rate per 1,000 Births (Live and Still)
From Sepsis ...	1	.62
From other causes	6	3.74
	<hr/>	<hr/>
Total ...	7	4.36
	<hr/>	<hr/>

## INFANT MORTALITY RATE—

All infants per 1,000 live births ... ..	46
Legitimate infants per 1,000 legitimate live births ..	45
Illegitimate infants per 1,000 illegitimate live births...	112

## ZYMOTIC DEATHS—

No. of deaths from—

Measles	...	...	...	...	...	...	—
Whooping Cough	...	...	...	...	...	...	5
Diarrhœa and Enteritis (under 2 years of age)	...	...	...	...	...	...	9
Scarlet Fever	...	...	...	...	...	...	2
Diphtheria	...	...	...	...	...	...	4
Smallpox	...	...	...	...	...	...	—
Typhoid Fever	...	...	...	...	...	...	3
Total Zymotic Deaths							23

Zymotic Death Rate per 1,000 population ... 0.16

The following table, based on that issued by the Registrar General, is given for comparison :—

	Annual Rate per 1,000 living		Deaths under one year to 1,000 births
	Live Births	Deaths from all causes	
England and Wales ... ..	14.9	12.4	58
125 County Boroughs and great towns ...	14.9	12.5	62
Smaller Towns ... ..	15.3	11.9	55
London ... ..	13.3	12.3	60
Southend-on-Sea ... ..	11.3	13.3*	46

\*This figure, to render it comparable with the death rate for the country as a whole, has to be multiplied by the "Comparability Factor," .91, which has been supplied by the Registrar General as requisite to redress the abnormal constitution of the local population from the point of view of sex and age components. Applying this factor, the corrected death rate is 12.1, as compared with 12.4 for the country as a whole.

The Maternal Mortality Rate per 1,000 live births was as follows :—

				England and Wales.	Southend- on-Sea.
Puerperal Sepsis	...	...	...	0.97	0.64
Other Causes	...	...	...	2.26	3.86
Total				3.23	4.50
Maternal Mortality Rate per 1,000 total births (live and still) :—					
Puerperal Sepsis	...	...	...	0.94	0.623
Other Causes	...	...	...	2.17	3.738
Total				3.11	4.36



## SECTION B.—I.

## I. PUBLIC HEALTH STAFF.

Dr. N. D. Begg resigned his appointment as Medical Superintendent of the Borough Sanatorium on September 30th, on appointment as Medical Superintendent of the Eastern Hospital in the London County Council's service, and was succeeded by Dr. H. L. W. Beach, who commenced duty on October 8th.

Dr. J. F. Murray was appointed Public Vaccinator for the Eastwood Vaccination District in September vice Dr. Fiddes, of Rayleigh, who has acted in a temporary capacity since the Borough was extended to include part of the parish of Eastwood in 1933.

There were five resignations of Health Visitors, one on account of ill health, one on her approaching marriage, one on appointment as Health Visitor in her own town, and two on securing more lucrative appointments. Miss E. Prophett, whose retirement on account of ill-health was, to the great regret of all who knew her, quickly followed by her death, had rendered 13 years most efficient service; her gentle personality had rendered her exceptionally popular with her colleagues and acceptable to the public, whilst her high sense of, and devotion to, duty, were reflected in the excellent results she obtained.

In accordance with the Council's scheme under the Midwives Act, nine Municipal Midwives were appointed to the staff in the autumn.

Miss D. Woods resigned her appointment as School Clinic Nurse on February 6th on account of ill-health, being succeeded on March 22nd by Miss D. L. Willis.

Mr. W. A. Healey resigned his appointment as Assistant Sanitary Inspector on August 31st, being succeeded by Mr. E. A. Smith, whilst Mr. H. F. Dawe commenced duty on September 6th on appointment as an additional Assistant Sanitary Inspector to cope with the extra work devolving upon the Inspectors in the administration of the Shops Acts and the overcrowding provisions of the Housing Acts. There were three resignations in the clerical staff which, during the year, was increased by the appointment of an additional female clerk.

## II. LABORATORY FACILITIES.

The arrangements for pathological examinations were given in last year's report. At the Borough Sanatorium there were examined during the year 2,051 and 278 swabs for presence of Diphtheria Bacilli and Hæmolytic Streptococci respectively, 580 and 61 respectively being sent by private medical practitioners;

there were also examined 1,136 specimens of sputum and 6 of urine for presence of tubercle bacilli, 37 specimens of blood as to the Widal Reaction, 547 specimens from the Venereal Diseases Treatment Centre and 40 specimens of hair for the presence of the ringworm fungus. In addition samples of water from the Waterwork's Company's supply and from the Shoeburyness supply were examined bacteriologically on alternate days and chemically once weekly.

At the Pathological Department of the Southend General Hospital there were examined, at a cost of £696, 795 pathological specimens sent from the Southend Municipal Hospital, and 11 specimens at a cost of £12 10s. 6d. sent from the Borough Sanatorium. There were also examined 132 samples of graded and other milks for the Sanitary Committee at a cost of £30 9s. 6d.

At the Counties Public Health Laboratory, Queen Victoria Street, E.C., there were examined at a cost of £48 6s. 0d. samples of water, of which 14 were from the Shoeburyness Waterworks and 11 from miscellaneous shallow wells supplying houses on the outskirts of the Borough.

At the Dreadnought Hospital, 636 specimens under the Venereal Diseases Scheme were examined by Professor Hewlett; of these, 303 were from the Venereal Diseases Treatment Clinic, 222 from the Municipal Hospital, 58 from the Southend General Hospital and 53 from private medical practitioners, the total cost being £159. Professor Hewlett also examined at a charge of 12s. 6d. for agglutination tests, 5 specimens sent from the Municipal Hospital.

During the year, the Health Committee considered the desirability of establishing at the Municipal Hospital a Pathological Department at which all specimens, other than those under the Venereal Diseases Treatment Scheme, could be examined, and decided to reconsider the matter at the end of 1938.

### III. AMBULANCE FACILITIES.

Of the two Talbot Ambulances purchased in 1936, one continues to be reserved for the transport of infectious cases to the isolation hospital whilst the other is available for conveying non-infectious patients to hospitals, sanatoria, etc. The transport of patients to the Municipal Hospital is undertaken by the St. John Ambulance Brigade at a charge of 7s. 6d. per patient; the Brigade has two ambulances available and in spite of demands on their services for the removal of patients to the Voluntary Hospital, private Nursing Homes, etc., has been able to respond to all calls satisfactorily. The Police also have two ambulances available for use in dealing with street accidents.



## IV. NURSING IN THE HOME.

The Board of Management of the Southend General Hospital provide a District Nursing Service employing two nurses whose services are available in all areas of the Borough except Shoeburyness. Enquiry from the local division of the British Medical Association at the end of the year shewed that the service was, in the opinion of the local medical practitioners, adequate. The Shoeburyness Nursing Association employs two District Nurses whose services are available in the area of the former Shoeburyness Urban District to subscribers and to others on payment. The Health Visitors supervise the nursing of children under treatment at home for uncomplicated measles and whooping cough, patients who develop bronchopneumonia or other serious complications being removed to hospital.

## V. CLINICS AND TREATMENT CENTRES.

1. *Infant Clinics.* — These were held at 2.15 p.m. as under :—

Shoeburyness :

At the Council Offices, Shoeburyness, on the first and third Thursdays in each month.

Leigh-on-Sea :

At Council Offices, Elm Road, Leigh-on-Sea, on Mondays.

Southchurch and Southend :

At the Municipal Health Centre, the infants from Southchurch attending on Mondays and Thursdays, and those from Central Southend on Tuesdays and Fridays.

The premises at Shoeburyness and at Leigh-on-Sea are quite unsuitable for use as Infant Centres and in conjunction with the Education Committee the Maternity and Child Welfare Committee have under consideration the provision of new premises for use as a combined School Clinic, Infant Centre, and Antenatal Clinic.

The particulars of attendances, etc., at the several Clinics during 1937 are as follows :—

	Southend	South- church	Leigh	Shoebury- ness	Total
No. of sessions held ... ..	104	100	48	24	276
No. of individuals who attended :—					
Infants ... ..	556	457	277	129	1,419
Children aged 1 to 5 ...	189	230	164	42	625
Totals, ...	745	687	441	171	2,044
Total attendances of :—					
Infants ... ..	5,593	4,292	2,272	851	13,008
Children aged 1 to 5 ...	2,177	2,250	1,525	491	6,443
No. of children aged 1 to 5 subjected to routine medical inspections ... ..	470	437	102	35	1,044

2. *Ante-natal Clinics*.—The Southend Clinic was held each Wednesday afternoon from 2.15 p.m. at the Municipal Health Centre, Warrior Square. The Shoeburyness Ante-natal Clinic was held on the fourth Friday in each month at the Council Offices, Shoeburyness, whilst the Leigh Ante-natal Clinic was held on the first Friday in each month at the Leigh Council Offices, Elm Road, Leigh-on-Sea.

The particulars of attendances at the several Clinics are as follows :—

	Southend	Leigh	Shoebury- ness	Totals
No. of sessions held ... ..	51	12	12	75
No. of individual expectant mothers ...	556	81	52	689
No. of attendances of expectant mothers	1,513	199	126	1,838

3. *Venereal Diseases Treatment Centre*.—The work carried out at this Centre at the Borough Sanatorium during the year was as follows :—

	Syphilis		Soft Chancre		Gonorr- hoea		Conditions other than Venereal		Totals	
	M'ls.	F'ls.	M'ls.	F'ls.	M'ls.	F'ls.	M'ls.	F'ls.	M'ls.	F'ls.
Number under treatment on January 1st ... ..	39	36	1	—	46	8	5	10	91	54
Number re-admitted after cessa- tion of attendance in previous year ... ..	6	6	—	—	18	6	—	—	24	12
Number dealt with for first time :—										
(a) who had not previously attended any Centre ...	19	21	1	—	89	18	60	37	169	76
(b) who had attended other Centres ... ..	11	7	—	—	23	6	6	2	40	15
Total under treatment during 1937 ... ..	75	70	2	—	176	38	71	49	324	157
Discharged after completion of treatment and tests for cure	5	3	1	—	10	6	65	34	81	43
Ceased to attend before com- pletion of treatment ... ..	22	15	1	—	57	3	—	—	80	18
Ceased to attend after com- pletion of treatment but before final tests for cure ... ..	1	—	—	—	12	3	—	—	13	3
Transferred to other Centres ...	7	2	—	—	17	4	3	7	27	13
Number under treatment on December 31st ... ..	40	50	—	—	80	22	3	8	123	80



Of the patients dealt with for the first time, 1 (male) was suffering from Primary Syphilis, 1 (female) from Secondary Syphilis, 23 (12 m., 11 f.) from late Syphilis, and 15 (6 m., 9 f.) from congenital Syphilis, two of the latter being under one year of age, ten between the ages of 5 and 16, and the other three over 16 years of age.

Of the patients who ceased to attend before completion of treatment, 3 suffered from primary Syphilis, 4 from Secondary Syphilis, 21 from late Syphilis, and 9 from congenital Syphilis.

The numbers of attendances of patients were as follows:—

				Clinic Attendances		Intermediate Attendances	
				M.	F.	M.	F.
Syphilis	...	..		817	904	—	75
Soft Chancre	...	..		6	—	—	—
Gonorrhœa	...	...		1,894	497	3,862	18
Other patients	...	...		207	284	—	—
Totals				2,924	1,685	3,862	93

The number of injections of arseno-benzol compounds was 364 and of Bismo-stab 545. The number of specimens examined at the Borough Laboratory was 559, whilst 302 specimens were sent for examination by Professor Hewlett at the Dreadnought Hospital, 283 of these being for examination as to Wassermann reaction.

Of the new patients, 46 resided outside the Borough, attending from addresses in the County of Essex, *viz.*: 7 patients suffering from Syphilis, 18 from Gonorrhœa, and 21 from conditions which were found to be non-venereal. Of the 8,564 total attendances, 895 were made by Essex patients, and 23 by patients residing in other areas.

The following table shows how the work of the Treatment Centre compares with that in the previous years:

New Patients suffering	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
From Syphilis ... ..	32	32	47	37	31	63	38	31	22	40
„ Gonorrhœa ... ..	116	160	177	117	140	118	131	129	88	107
„ Soft Chancre ... ..	5	3	5	6	4	7	5	3	4	1
Total Attendances ...	5539	6111	7867	7736	6725	7182	6606	6221	5991	8564

The unsuitability of the premises at the Borough Sanatorium at which the Venereal Diseases Treatment Clinic is held was referred to in last year's report. During the year plans for extensive alterations have been approved by the Council and by the Ministry of Health and the alterations will be commenced in the near future.

## VI. HOSPITALS.

*Southend General Hospital.*—The close co-operation between the voluntary hospital serving the area, *viz.*, the Southend General Hospital, and the Council's Municipal Hospital, to which reference has been made in previous reports, continues. Patients at the Municipal Hospital who require deep X-ray therapy continue to be sent by ambulance to the X-ray department of the Southend General Hospital, returning to the Municipal Hospital on same day after receiving the treatment. When pressure on the accommodation at the voluntary hospital renders it impossible to admit accident and other urgent cases, the latter are received at the Municipal Hospital, whilst the Southend General Hospital receives child patients recommended for admission to the Municipal Hospital on occasions when the Children's Ward of the latter is fully occupied. The fact that the Specialist Staff of the Municipal Hospital are also members of the Consultant Staff of the General Hospital obviates many difficulties which might otherwise arise, whilst the appointment on the Visiting Specialist Staff of the Municipal Hospital of the Surgeon who is in charge of the Fracture Clinic at the Southend General Hospital ensures continuity of treatment needed by fracture cases subsequent to discharge from the Municipal Hospital.

No formal conferences between the Health Committee and the Board of Management of the Southend General Hospital were held during the year, but the Board of Management's views were obtained on the proposal of the Council to complete the Children's Block and the Maternity Block in the first instalment of the Extension Scheme at the Municipal Hospital and to erect a semi-permanent ward of 30 beds to tide over the period before the buildings included in the first instalment of the Extension Scheme are ready for use.

The arrangements under which the examinations of pathological specimens from the Municipal Hospital are carried out in the Pathological Department of the Southend General Hospital continue, as also do the schemes under which operative treatment of tonsils and adenoids and orthopædic treatment are provided on behalf of, and at the cost of, the Education and Maternity and Child Welfare Committees. The financial arrangements under which contributions in respect of treatment in the Municipal Hospital of members of the local Hospital Provident Fund are received from the latter are unchanged.

The total number of in-patients admitted to the Hospital during the year was 4,671, as compared with 4,537, 3,871 and 3,654 in each of the preceding years; the average stay in hospital was 16.16 days, as compared with 16.53, 19.51 and 20.41 days respectively. The number of live births in the hospital was 303, as compared with 264 in 1936. Operations numbered 3,318, as compared with 3,297, 2,871, and 2,274 respectively.



Attendances in the Out-patients Department numbered 68,413, as compared with 63,115, 40,116, and 33,262. The above figures indicate the increasing amount of work now carried out at the Hospital.

*Southend Municipal Hospital.* — The preparation of the detailed plans of the projected extensions of the Municipal Hospital has been pressed forward with as much expedition as possible, and at the end of the year tenders were invited for carrying out the works. Meanwhile, experience had shown that it was essential to erect the whole of the Children's Block of 64 beds in the first instalment as at first proposed, and not to erect one-half only, a suggestion adopted early in 1936 with the object of reducing the cost of the first instalment. In the autumn, experience shewed that it would be advisable to erect the complete Maternity Block of 60 beds instead of one-half only as contemplated, seeing that it was clear that 30 beds did not meet the present requirements of the area served by the Hospital; application is being made to the Ministry of Health for approval to this revised proposal.

To improve the accommodation available for Maternity patients in the interval which must necessarily elapse before the new Maternity Block is erected and ready for use, a general ward, *viz.* : Thorpe Ward, of 30 beds, is being modernised and adapted for use for the reception of maternity patients. A proposal to erect a semi-permanent ward of 30 beds for general patients has been provisionally approved by the Ministry of Health and detailed plans are in course of preparation; the object in view is to secure with the least possible delay additional general accommodation to cope with the demand at peak periods and to enable at other times much needed work of repairs, redecoration, etc., of the older wards to be carried out, which is not possible under present conditions; the erection of the semi-permanent ward would have the additional advantage that it may then be possible to delay for a time the erection of the first of the blocks of general wards to be provided in the second or later instalments of the extension, as otherwise one such block would need to be erected within the next three years or so.

During the year, much of the ward equipment which was obsolete has been replaced, whilst steam sterilizers have been installed in the wards of the Surgical Block and much new surgical equipment has been purchased.

The report of the Medical Superintendent on the work of the Hospital is set out in extenso in a later section of this Report.

*Borough Sanatorium for Infectious Diseases.*—The need for the provision of additional accommodation at the Borough Sanatorium is becoming increasingly urgent, but cannot be undertaken until the Tuberculosis Block to be erected in the first

instalment of the extensions at the Municipal Hospital has been brought into use, thus setting free the Allen Block now used for the treatment of advanced and semi-advanced cases of Pulmonary Tuberculosis. The Allen Block is a galvanised iron structure which was erected 35 years ago as a temporary expedient to cope with an outbreak of Scarlet Fever and the time is approaching when it should be demolished and replaced by a block with cubicles or with 1 or 2 bedded wards, the lack of a sufficiency of which renders the administration of the hospital extremely difficult under present conditions. The report of the Medical Superintendent of the Borough Sanatorium is set out in extenso later.

## SECTION B.—II.

*Poor Law Medical Relief.*—There has been no change in the Medical Relief Districts during the year apart from the division, foreshadowed in last year's report, of the Eastwood District as from March 1st into two districts for which Dr. Fiddes, of Rayleigh, and Dr. Murray, of Westcliff, act as District Medical Officers respectively. The question of the adoption of the panel system of providing domiciliary medical relief has not again been considered.

*Vaccination.*—The areas of the five Vaccination Districts were, during the year, slightly varied so as to make their boundaries identical with those of the Municipal Wards, new contracts being entered into with the Public Vaccinators. Dr. J. F. Murray was appointed Public Vaccinator of the Eastwood Vaccination District vice Dr. Fiddes, of Rayleigh, who had acted in a temporary capacity.

The Vaccination Officer has submitted the following returns to the Registrar General:—

- (a) Return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended September 30th, 1937.

District	Successful Primary Vaccinations			Successful Re-Vaccinations
	Under one year of age	One year of age and upwards	Total	
Southend East ... ..	75	31	106	10
„ Central ... ..	101	27	128	9
„ Leigh ... ..	10	7	17	8
„ Eastwood ... ..	8	—	8	2
„ Shoeburyness	48	28	76	14
Totals ... ..	242	93	335	43



B. Return respecting Vaccination of 1,381 Children whose births were registered during year 1936.

Successfully vaccinated ...	357	Postponement on Medical certification ...	20	
Insusceptible of Vaccination	5	Removal to other districts :—		
Had Smallpox ...	—	Known ...	36	
Statutory Declaration of Conscientious Objection ...	850	Unknown ...	39	
Died unvaccinated ...	52	Unaccounted for ...	22	
Number of certificates of successful primary vaccination of children under 14 received during 1937 ..				396
Number of statutory declarations of conscientious objections received during 1937 ...				891

### SECTION B.—III.

#### 1. *Midwifery Service.*

(a) *Midwives Acts, 1902-1926.* — Fifty-one midwives, including three resident in the County area notified their intention to practise during the year within the County Borough; seven left the Borough, one died, and two ceased to practise on surrender of their certificates pursuant to the Midwives Act, 1936. The total number of women delivered by midwives was 530, 14 midwives attending no cases, four attended one case, 15 from two to ten cases, and the remaining midwives attended cases as under :—

11—20 cases	...	6	41—50 cases	...	2
21—30 cases	...	1	51—60 cases	...	3
31—40 cases	...	3			

No returns were received from three of the midwives.

Thirty-eight of the midwives who gave notice of intention to practise as such also acted as Maternity Nurses in 315 cases. The total number of cases attended either in the capacity of a midwife or that of maternity nurse by midwives was as follows :

No cases	...	4	31—40 cases	...	4
2—10 cases	...	18	41—50 cases	...	2
11—20 cases	...	12	51—60 cases	...	3
21—30 cases	...	3	61—70 cases	...	2

The subsidy of £15 per annum hitherto paid to a midwife practising in an outlying area of the Borough was discontinued as from April 1st in view of the increase in her practice.

The midwives practising at the end of the year were all trained, three holding the licence of the London Obstetrical Society and the remainder having obtained the Certificate of the Central Midwives Board after examination.

(b) *Inspection of Midwives.*—The woman Assistant Medical Officer made 106 routine visits of inspection and two special visits to the midwives resident and practising in the Borough. No case of serious infringement of the Rules of the Central Midwives Board came under notice during the year.

(c) *Payment of Midwives' Fees in Necessitous Cases.*—During the eight months ended 31st August, 1937, the Midwife's fee of twenty-six shillings was paid by the Council in 27 cases of necessitous lying-in women; in two instances the balances of £1 3s. 6d. and £1 1s. 0d. of the fees were paid. The expenditure incurred amounted to £37 6s. 6d., as compared with £34 12s. 0d., £28 9s. 6d., and £22 9s. 6d. in each of the three preceding years. As from 1st September necessitous cases were attended by the Council's staff of midwives and are referred to later.

(d) *Payment for Medical Aid for Midwives.*—Medical aid was sought by midwives in accordance with the regulations of the Central Midwives' Board upon 182 occasions, or in 34.3 per cent. of the cases attended by them, as follows :—

Condition of infant :—

Discharge from Eyes	...	...	...	...	27
Prematurity, debility or congenital defects	...				4
Asphyxia	...	...	...	...	1
Unsatisfactory Condition of Infant	...	...			11
					<hr/>
					43

Maternal conditions :—

During pregnancy—

Albuminuria	...	...	...	...	...	6
Hæmorrhage	...	...	...	...	...	4
Miscarriage	...	...	...	...	...	6
Swollen Hands and Feet	...	...	...	...	...	4
Fall	...	...	...	...	...	1
General condition unsatisfactory	...	...	...	...	...	14
					<hr/>	35

During labour :—

Perineal tear	..	..	...	...	...	42
Difficult labour	...	...	...	...	...	31
Retained placenta	...	...	...	...	...	5
Hæmorrhage	...	...	...	...	...	2
Prolapse of cord	...	..	...	...	...	1
Unsatisfactory condition	...	...	...	...	...	2
					<hr/>	83

During puerperium :—

Pyrexia	...	...	...	...	...	7
Hæmorrhage	...	...	...	...	...	6
Inflamed veins of legs	...	...	...	...	...	3
Mental symptoms	...	...	...	...	...	1
Collapse of patient	...	...	...	...	...	2
General condition unsatisfactory	...	...	...	...	...	2
					<hr/>	21

In addition, the following notices were received from midwives pursuant to the regulations of the Central Midwives' Board :—

Notice of still-birth	..	...	...	...	...	10
„ artificial feeding	...	...	...	...	...	9
„ liability to be a source of infection	...				...	9
„ death	...	..	...	...	...	1
					<hr/>	29

In 120 instances in which medical aid was sought by midwives the fees of the doctors were, in accordance with the Midwives Act, 1918, paid by the Corporation. The total sum paid to doctors by the Corporation in respect of medical aid to midwives during the year amounted to £153 7s. 0d., compared with £115 5s. 0d., £90 6s. 6d., and £99 in each of the three preceding years, of which £2 17s. 6d. was for first visits to infants with Ophthalmia and was consequently not required to be refunded by the parents pursuant to the resolution of the Maternity and Child Welfare Committee of September, 1926.

The relatives were asked to refund £150 9s. 6d., but on representations by them that they were unable to pay, the Committee, after consideration of reports by the Civic Guild of Help, remitted accounts in 50 cases, either partially or entirely, the total remissions amounting to £58 17s. 0d. Of the balance £91 12s. 6d. due to be refunded, £47 1s. 6d. had been repaid by the end of the year.

Of the balance outstanding from previous years, £12 was paid, £18 3s. 0d. was remitted by the Committee after consideration of reports from the Civic Guild of Help, as to the financial circumstances of the patients, while £7 16s. 0d. remained outstanding at the end of the year.

(e) *Midwives Act, 1936.*

1. *Surrender of Certificates.* By the end of the year two midwives had voluntarily surrendered their certificates in accordance with Section 5 (1) of the Act; one was paid the sum of £329 11s. 11d. by way of compensation, and the amount of compensation payable to the other had not been settled at the end of the year.

No midwives were required by the local authority to surrender their certificates under Section 5 (2) of the Act.

2. *Municipal Midwives.* The Town Council at their meeting on 19th January, 1937, adopted the proposals of their Maternity and Child Welfare Committee for securing the employment of an adequate domiciliary service of whole-time midwives. The scheme, which was arrived at after conferences with representatives of the medical practitioners practising in the area, representatives of the midwives practising in the area, and representatives of the two Nursing Associations operating in the area, is as follows :—

1. The Council will itself provide a whole-time service of Midwives, adequate for attendance on women in their own homes as Midwives or as Maternity Nurses during childbirth and the lying-in period as defined in the Rules of the Central Midwives Board.

2. *Division of Borough into areas.* The Council will regard the Borough as comprising three areas, viz: (a) the Central Area, comprising All Saints, Prittlewell, Victoria, Milton and Pier Wards; (b) the Western Area, comprising Westborough, Chalkwell, Leigh, St. Clement's and Eastwood Wards; and (c) the Eastern Area, comprising Southchurch, Thorpe and Shobury Wards.



3. *Number of Council Midwives.* The Council will, in the first instance, appoint nine Midwives to be whole-time servants, allocating three to each area, and will appoint further whole-time Midwives if and when experience shows such a course to be requisite, having regard to the demands for the services of Council Midwives, the necessity of providing for absences on account of illness or of suspension on account of liability to be a source of infection, on vacation or during attendance on courses of post-certificate training, etc.

4. *Qualifications of Council Midwives.* The Council will, in making appointments in the first instance, give preference to the most efficient of the independent Midwives practising in the County Borough. After the Scheme has been fully brought into operation, applicants for appointment will require to be State Registered Nurses who are State Certified Midwives.

5. *Conditions as to age.* The Council, in making appointments in the first instance, will regard any Midwife under 60 years of age as eligible for appointment, but after the Scheme has been brought fully into operation no Midwife will be regarded as eligible for appointment who is over 35 years of age unless she holds at the time of appointment a post in the service of some other Local Authority which is designated by that Authority as an established post pursuant to the Local Government and Other Officers' Superannuation Act, 1922.

6. *Conditions as to civil state.* The Council, in making appointments in the first instance, will regard married women as eligible provided at the date of appointment they have no dependent children under the age of 16 years, but after the Scheme has been fully brought into operation single women or widows without dependent children will alone be eligible, and appointment will be automatically determined by marriage.

#### 7. *Salaries.*

- (a) Council Midwives who are State Registered Nurses and State Certified Midwives will receive a salary of £200 per annum with annual increments of £10 to a maximum of £250 per annum.
- (b) Council Midwives who are not State Registered Nurses will receive a salary of £170 with annual increments of £7 10s. 0d. to a maximum of £200 per annum.
- (c) A Council Midwife who holds a diploma as a Teacher of Midwives shall receive an additional salary of £25 per annum over and above the scales above referred to.
- (d) In the event of a Midwife now employed by the Shoeburyness Nursing Association being appointed to be a Council Midwife, her commencing salary will, to avoid her position being prejudiced, be at the rate of £185 per annum, increasing after three years service by two annual increments of £7 10s. 0d. to a maximum of £200 per annum.

#### 8. *Emoluments.*

- (a) *Uniforms.* The Council will provide Council Midwives with suitable uniform which they shall wear whilst on duty.
- (b) *Equipment.* The Council will provide and maintain all necessary equipment required by Council Midwives.
- (c) *Cycle allowance.* The Council will pay an allowance at the rate of three guineas per annum to each Council Midwife who provides, maintains and uses in the discharge of her duties a bicycle.
- (d) *Tram passes, etc.* The Council will provide Council Midwives with passes on the Corporation's trams, trolley vehicles and 'buses,

- (e) *Telephone.* The Council will provide and maintain a telephone at the private residence of each Council Midwife, the latter to make appropriate refunds to the Corporation for any private calls made by her and to pay the cost of transfer of the telephone in the event of change of residence by the Midwife, unless such change is made at the request of the Council.
- (f) *Superannuation.* All appointments as Council Midwives shall be designated as established posts for the purposes of the Local Government and Other Officers' Superannuation Act, but the foregoing emoluments shall not rank for superannuation purposes.

9. *General conditions of service of Council Midwives.*

- (a) *Duties.* They shall devote their whole time to the service of the Council and shall not undertake private nursing, or engage in any other employment or business, whether paid or unpaid. They shall perform any duties under the Maternity & Child Welfare Scheme of the Council as may be required of them by the Council or the Medical Officer of Health. They shall not receive, without the express permission of the Committee, any payment or reward for their services other than the salary paid to them by the Council.
- (b) *Residence.* They shall reside in a suitable residence approved by the Committee in the area of the Borough to which they are allocated; they shall not reside in any registered Nursing Home or Maternity Home; in determining whether or not a residence is suitable, the Committee shall have regard to the desirability of Midwives having at such residence a suitable room to be used for interviewing patients who may call upon them. If required so to do, Council Midwives shall reside in any Hostel which may hereafter be provided by the Council.
- (c) *Training of pupils.* They shall, if and when desired by the Committee, undertake without any additional payment the training of any pupils assigned to them.
- (d) *Holidays, etc.* They shall, after one year's service, be entitled to four weeks leave in respect of each completed year of service, such leave to be taken at a time to be determined by the Medical Officer of Health, who will be empowered to grant such other off-duty periods during which the Midwife will not be liable for duty, as may from time to time be authorised by the Committee.
- (e) *Sick leave.* Midwives, who on entry into the service of the Council are at an age exceeding 35 years, shall at the discretion of the Committee be eligible during any period of twelve months to sick leave on full pay for a period not exceeding one month and half pay for a period not exceeding one month. Midwives, who on entry into the service of the Council are under 35 years of age, shall be eligible to be granted such sick leave as the Committee may determine.



- (f) *Post-Certificate training.* Council Midwives shall undergo such Post-Certificate training as the Committee may from time to time direct, and, if the course of training be at the Southend Municipal Hospital, they shall reside in one of the Nurses' Homes thereat, shall be for disciplinary purposes under the control of the Matron, and shall undertake such nursing duties in the Maternity Wards as the Matron may direct. The Council will pay any fees required for such courses of training, including reasonable travelling expenses incurred in attendance at such approved Training School.

10. *Fees for services of Council Midwives.*

- (a) *Amount.* The fees to be charged to patients for the attendance of a Council Midwife, whether as Midwife or as Maternity Nurse, shall be the same as those now charged by private Midwives, viz: two guineas for the first confinement and thirty-five shillings for the second or later confinements. The fees for attendances at abortions, miscarriages, and for attendances when first called-in after birth of the child, shall be the same as if the Midwife was engaged for an ordinary confinement.
- (b) *Deposits.* A deposit of 3s. 6d. shall be required on the engagement of a Midwife up to the 28th week of pregnancy or 5s. 0d. after the 28th week; such deposit not to be returnable but to be regarded as part payment of the prescribed fee, and when a Midwife is engaged the husband of the patient shall be required to sign an undertaking to pay the balance of the fee within fourteen days after the date of the delivery.
- (c) *Remission of fees in necessitous cases.* In necessitous cases the Maternity and Child Welfare Committee shall consider what proportion, if any, of the fee shall be written off, having regard to the circumstances of the applicant; each case to be dealt with on its merits. On the coming into operation of the scheme, the Council will cease to undertake the payment of the fees of private Midwives for attendance on necessitous cases.
- (d) *Collection of fees.* The collection of fees payable in respect of the services of Midwives shall be undertaken by the Public Health Department in the same manner as is now adopted in the case of refunds of fees paid for medical aid for Midwives. In order to encourage the utilization of the Maternity Benefit under the National Health Insurance Acts for the payment of the fee for the services of Midwives, the fee shall ordinarily be collected by the Midwife before she ceases to attend; she to be provided with an official receipt book and to pay over to the Chief Clerk at the Municipal Health Centre, at the end of each week, all fees collected by her. Any balance of fees not collected by the Midwife during her attendance on the patient shall be collected by the Public Health Department.
- (e) *Shoeburyness Nursing Association.* On production of a voucher from this Association undertaking to pay the balance of the fee payable for the services of a Council Midwife, the fee to be collected from a member of the Association shall be 30s. 0d.

11. *Mode of engagement of Council Midwives.*

- (a) Applications for the services of a Council Midwife shall be made to the Medical Officer of Health, either in person or by letter, or through the Health Visitor or Council Midwife

for the Area in which the applicant resides, but the latter shall not have authority to accept an engagement on her own responsibility; all allocations to cases being made solely by the Medical Officer of Health.

- (b) An applicant for the services of a Council Midwife shall be allowed to select any of the Midwives allocated to the particular Area in which the applicant resides, provided that the Midwife selected is not fully booked up or is not otherwise available for any reason such as ill-health, absence on holiday, being in quarantine, etc.
- (c) A Council Midwife shall be regarded as "booked up" if she is already engaged to attend two women in the week when the confinement of the applicant is expected, or six women in a period of four weeks. In the event of none of the Midwives allocated to the particular Area being available, one of the relief Midwives (if any are appointed) or one of the Midwives from an adjoining area will be allocated to the case, it being understood that the Medical Officer of Health will exercise his discretion in allocating Midwives to cases subject to the foregoing general considerations.

In accordance with this Scheme, nine whole-time Municipal Midwives were appointed, one being a State Registered Nurse and State Certified Midwife, the others being State Certified Midwives only; all had been engaged in private practice in the Borough. Seven commenced duty on September 1st, one on October 1st, and one on November 1st.

The following shows the number of cases attended and the number of visits paid by the Municipal Midwives from the dates they commenced duty as such until the end of the year :—

(1) Number of cases attended :—

	As Midwives		As Maternity Nurses	
	Labours	Mis-carriages	Labours	Mis-carriages
Cases booked by Municipal Midwives and delivered by them ... ..	82	—	15	3
Cases booked by one Municipal Midwife but delivered by another in the absence of the former on leave ... ..	4	—	1	—
Cases booked by non-Municipal Midwives but delivered by Municipal Midwives owing to former not being available ... ..	1	—	—	—
Cases where no arrangements for confinement had been made and Municipal Midwives were summoned in emergency	1	—	1	1
Totals ...	88	—	17	4

## (2) Number of visits paid :—

	To own cases	To other Municipal Midwives' cases when acting as relief	Total
(a) Ante-natal ... ..	1,189	37	1,226
(b) Morning Nursings ...	1,402	108	1,510
(c) Evening Nursings ...	375	28	403
Total ... ..	2,966	173	3,139

## (3) Number of attendances at Ante-natal Clinics :—

(a) Municipal Health Centre	...	...	77
(b) Leigh Centre	...	...	7
(c) Shoeburyness Centre	...	...	4

## (4) Number of attendances at Infant Welfare Clinics :—

(a) Municipal Health Centre	...	...	19
(b) Leigh Centre	...	...	16
(c) Shoeburyness Centre	...	...	7

The fees due in respect of cases attended in 1937 amounted to £165 3s. 0d., of which £158 16s. 0d. was collected by the Midwives during their attendance at the cases, £1 15s. 0d. was collected by the Public Health Department after the midwives had ceased attendance, £1 15s. 0d. was written off as irrecoverable after consideration by the Committee of the financial circumstances and £2 17s. 0d. remained unpaid at the end of the year. In addition, the midwives collected £24 9s. 0d. as deposits for cases booked for 1938. In 14 cases the Maternity and Child Welfare Committee, after consideration of the financial circumstances of the families, provided the services of Municipal Midwives free of charge. This provision supersedes the scheme which was in force prior to the employment of Municipal Midwives under which the Corporation paid fees to private midwives for their attendance in necessitous cases.

## (f) MATERNAL MORTALITY.

The number of maternal deaths was seven, one woman dying of sepsis and six of other diseases of pregnancy and parturition, as under :—



Age	Previous pregnancies	Period of pregnancy	Cause of death	Remarks
27	—	36th week	Renal failure. Toxæmia of pregnancy Ante-partum hæmorrhage.	Admitted to hospital on development at 36th week of ante-partum hæmorrhage and died 7 days later.
15	—	At term	Post-partum hæmorrhage. Retained placenta.	Unmarried mother. Confined at home, by Midwife. Medical aid sought on account of postpartum hæmorrhage. Transferred to hospital dying four hours after admission.
23	—	At term	Hæmorrhage. Placenta Prævia.	Forceps delivery at home by doctor—lateral placenta prævia—digital removal of placenta—postpartum hæmorrhage. Died at home three hours after delivery.
44	7	At term	Parametric abscess following Cæsarean section for obstructed labour.	Admitted to hospital at recommendation of medical practitioner who, on being called, diagnosed obstructed labour.
38	—	At term	Obstetric shock. Craniotomy of impacted mento-posterior.	Admitted to hospital after failure of attempted forceps delivery at home.
29	1	3 months	Puerperal Dementia Incomplete abortion.	Admitted to hospital on day following partial abortion, developed mental symptoms four days later, dying on 17th day after admission.
28	1	3 months	Pelvic Peritonitis due to incomplete abortion.	Admitted to hospital as a case of septic abortion on 6th day and died five days after admission.

In addition, two maternal deaths of persons not ordinarily resident in the Borough occurred at the Southend General Hospital, the patients having been admitted thereto from the County area; the causes of death were certified to be due to Puerperal Eclampsia, and Post-partum hæmorrhage following Primary Uterine Inertia respectively.

On consideration of Circular 1622 of the Ministry of Health on Maternal Mortality dated 7th May, 1937, the Maternity and Child Welfare Committee invited the local division of the British Medical Association to appoint five of their members to confer with the Council's Medical Officers on the proposals outlined in the Circular. Several conferences were held and it was unanimously agreed that the most important step in the reduction of the local maternal mortality would be a provision by which the services of a Specialist Obstetrician would be available at all times, both by day and by night; it was also considered that the provision of an emergency unit based on one or other of the local hospitals would be of considerable benefit. At the end of the year arrangements were being made for a conference between members of the Maternity and Child Welfare Committee and representatives of the Board of Management of the Southend General Hospital with a view to the consideration of the best method of securing that the services of a Specialist Obstetrician should be at all times available.

The scheme drawn up in 1935 under which a panel of local medical practitioners with special experience in midwifery was compiled in the hope that their services would be sought by their colleagues in difficult cases has failed, notwithstanding that it was drawn up after consultation with the local division of the British Medical Association and was approved by them. Consideration of the circumstances of recent maternal deaths only tends to confirm the view expressed in previous reports, that no improvement in the maternal mortality figures for this Borough can be looked for until Specialist advice is available at all times both by day and by night.

The attendances at the Southend Ante-natal Clinic on Wednesday afternoons indicate the need for an additional weekly session but this, as also the holding of Consultative Ante-natal and Post-natal Clinics and the formation of an Emergency Squad are for the time being in abeyance pending a decision being arrived at as to the availability of the services of a Specialist Obstetrician.

2. *Unmarried Mothers.*—The arrangement under which the Council has the right to use five beds at the St. Monica's Girls' Shelter continues in force and during the year five unmarried mothers and their infants were maintained for varying periods thereat; the total days stay of the unmarried mothers was 445, whilst the cost was £100 18s. 6d. At no time were there more than three unmarried mothers with their infants in residence. The Superintendent renders valuable aid to the unmarried mothers in obtaining employment for them, in securing suitable foster-mothers for their infants, in assisting them to take affiliation proceedings against the putative fathers, and in other ways; for example, she is always willing to receive at St. Monica, on request but without charge to the Council, unmarried expectant



mothers in the interval which elapses between their giving up their employment in the last months of pregnancy and their admission to the Maternity Wards of the Hospital.

### 3. *Work of Health Visitors.*

The arrangements available were set out in detail in the report for 1930. Particulars of the work carried out by the Council's Staff of 12 Health Visitors in connection with the Home Visiting of infants, young children and expectant mothers are set out below :—

No. of infants noted for visiting (including new arrivals from other towns) ... ..	1,579
„ infants visited for first time in 1937 ... ..	1,456
„ infants visited during 1937 ... ..	2,247
„ visits to infants under one year ... ..	5,967
„ children visited between 1-5 years ... ..	3,281
„ visits to children between one year and five years of age ... ..	6,779
„ expectant mothers visited for first time in 1937 ... ..	612
„ expectant mothers visited during 1937 ... ..	669
„ visits to expectant mothers ... ..	1,274

The visits of the Health Visitors to homes in which cases of infectious disease occurred were as follows :—

Disease	No. of cases visited			No. of cases home nursed			No. of visits			Total visits
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	
Chickenpox ...	41	225	1	—	—	—	56	288	1	345
Measles ... ..	4	1	—	—	—	—	11	2	—	13
Pneumonia ...	25	20	69	—	—	—	53	40	77	170
Whooping Cough...	99	48	—	—	—	—	146	81	—	227
Scarlet Fever ...	20	155	15	—	—	—	70	707	67	844
Typhoid Fever (Contacts)	—	5	8	—	—	—	—	14	14	28
Mumps ... ..	29	183	2	—	—	—	38	207	2	247
Ophthalmia Neonatorum including suspected cases	28	—	—	—	—	—	96	—	—	96
Diphtheria ...	4	6	2	—	—	—	10	11	3	24
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	28	162	—	—	—	—	148	675	823

(1) Infants and Children under 5 years. (2) School Children. (3) Adults.

#### 4. *Infant Life Protection.*

The Health Visitors act as Infant Life Protection Visitors under Part I. of the Children Act. Particulars of the work carried out during the year are as follows :—

	Foster-mothers.	Children
No. on Register on January 1st, 1937	108	178
„ Register on December 31st, 1937	90	172
No. of Reception Notices received ...	544	
„ Notices of Death ... ..	3	
„ Notices of removal of children	497	
No. of Notices re removal of foster-mothers :—		
(a) To other addresses in the Borough ...	21	
(b) To other addresses outside the Borough ...	7	
„ visits paid by Health Visitors ... ..	1,725	

At the end of the year, 23 foster-mothers had the care of more than one child, nine having two children, 3 three children, 3 five children, 1 six children, 3 seven children, 1 eight children, 2 nine children, and 1 ten children.

#### 5. *Boarded-out Children.*

The Health Visitors also carry out for the Public Assistance Committee the visiting of children boarded-out pursuant to the Public Assistance Order. Particulars of the work carried out in this connection are as follows :—

	Jan. 1st, 1937	Dec. 31st, 1937
No. of foster-mothers ... ..	12	14
„ children ... ..	19	23
„ visits paid by the Health Visitors	195	

### SECTION B. — IV.

#### *Nursing Homes Registration Act, 1927.*

The following changes were made in the Register during the year, *viz.* :

Additions to Register—Three new Homes were registered, two Homes were re-registered on change of proprietorship and one Home on change of premises.

Removals from Register—There were five cancellations, two on the Nursing Homes ceasing to be carried on, two on change of proprietorship and one on removal to other premises.

The Woman Assistant Medical Officer continues to act as Inspector of Nursing Homes and made 27 routine visits and 7 special visits during the year. On December 31st, there were on the Register 14 Nursing Homes, of which one received Maternity patients only and nine were Nursing Homes at which Maternity patients were received. There were no refusals of application for registration during the year.

## SECTION C.

## SANITARY CIRCUMSTANCES OF THE AREA.

*Water Supply.*

The Southend Waterworks Company, which serves the greater portion of the area of the County Borough, gave a constant supply throughout the year. The water, which is subjected to bacteriological and chemical tests on alternate days at the Borough Sanatorium Laboratory, has been consistently of a high degree of purity with a hardness of from 12 to 14 parts per 100,000. The water is obtained from the Rivers Blackwater, Chelm and Ter and its purification at the Langford Works by the excess lime method combined with storage and sand filtration is under daily supervision at the works by two chemists, samples being also at regular intervals examined by Drs. Beale and Suckling at the Counties Public Health Laboratories, whose report on a sample taken on December 31st was as follows:—

					Parts per 100,000
Turbidity	...	...	...	...	Clear and bright.
Colour	...	...	...	...	Normal.
Odour	...	...	...	...	Nil.
Reaction pH	...	...	...	...	Neutral : 7.2
Free Carbonic Acid	...	...	...	...	—
Electric Conductivity at 20°C.	...	...	...	...	410
Total Solids, 180°C.	...	...	...	...	27.5
Chlorine in Chlorides	...	...	...	...	3.5
Nitrogen in Nitrates	...	...	...	...	0.56
Nitrites	...	...	...	...	Absent.
Hardness : Permanent	...	...	...	...	12.0
Temporary	...	...	...	...	0.5
Total	...	...	...	...	12.5
Metals	...	...	...	...	Iron : 0.005
Free Ammonia	...	...	...	...	0.0036
Albuminoid Ammonia	...	...	...	...	0.0092
Oxygen absorbed in 4 hrs. at 80°F.	...	...	...	...	0.115
No. of Bacteria per c.c. :—					
On agar in 3 days at 20°C.	..	...	...	...	9
On agar in 24 hours at 37°C.	...	...	...	...	0. 2 days at 37°C. 4.
The Bacillus Coli	...	...	...	...	Absent in 100 c.c.
Bacillus Welchii	...	...	...	...	Absent in 100 c.c.
(B. Enteritidis Sporogenes).					

REPORT.—This is a clear and bright water, of normal colour, neutral reaction and of moderate hardness. The water contains no excess of saline matter, only a negligible trace of iron and is of a satisfactory degree of organic quality. Bacteriologically it is of the highest standard of purity. It is a pure and wholesome water, suitable for drinking and domestic purposes.

Some houses in outlying portions of the Borough are dependent on shallow wells and examination having shewn that the water yielded by many of these wells is contaminated and unduly hard, enquiry is being made as to whether it is possible for the Company to extend their mains so that the houses can be connected to the public supply.



The Shoeburyness area of the Borough is supplied by the Council's Waterworks at Shoeburyness, the water being derived from a deep well and bore hole. The average daily consumption during the year was 145,600 gallons, as compared with 133,838, 129,400 and 118,000 in each of the preceding years, the maximum consumption being 172,300 gallons per day during the first week in August. The water contains a relatively large quantity of chlorides (32.8 parts per 100,000) but is extremely soft, having only 2.5 parts per 100,000 of hardness all of which is temporary. The water is subjected to bacteriological tests at the Borough Sanatorium on alternate days and at regular intervals samples are also sent to a London Laboratory for detailed bacteriological examination; the results obtained have invariably indicated that the water yielded by the bore hole is of a high degree of bacterial purity, *e.g.*, the report of Doctors Beale and Suckling on a sample taken on December 11th was as follows :—

No. of Colonies per c.c. growing upon						
Agar at 20°C. in 3 days	...	...	...	...		14
at 37°C. in 1 day	...	...	...	...		3
in 2 days	...	...	...	...		3
Smallest quantity of water producing acid and gas in Bile-salt Lactose after 2 days incubation						
at 37°C.	...	...	..	...	...	100 cc.
Bacillus Coli	...	...	..	...	...	Absent in 100 c.c.
Bacillus Enteritidis Sporogenes	...	...	...	...	...	Absent in 100 c.c.

Samples taken from various draw off taps have at times given unsatisfactory bacteriological results, but examination of fittings or in some cases of service pipes has led to the detection of the cause and of its elimination.

Although sufficient at ordinary periods, the yield from the bore hole and well is in times of peak demand unequal to the demand, and during the summer season it has been necessary for some years to urge householders to avoid any unnecessary waste. It has also been necessary to obtain a supply for varying periods each year from the War Department's bore tube whenever the actual demand exceeded the maximum output from the Council's bore tube, this being necessary to ensure that the storage reservoir was full in case of fire or breakdown. The arrangement with the War Department for the supply of 90,000 gallons per day is liable to termination without notice and cannot be regarded as a satisfactory provision to meet the inadequacy of the yield of the Council's bore tube, more especially as the Council's storage is less than two days maximum demand; moreover there is the risk of failure of the yield arising from collapse of the bore tube, or breakdown of the pumping machinery, or troubles from sand, any of which might happen in the event of pumping having to be undertaken in excess of safe limits.

Having regard to the growth in the population of the area and to the considerations above mentioned, the responsible Committee have, as was recorded in last year's report, had under consideration the best method of increasing their resources and,

after consultation with Messrs. Rofe and Rafferty, Consulting Water Engineers, decided in July to recommend the Council to sink a new bore hole at the Works in a situation immediately adjacent to the existing Engine House, to provide in the latter the necessary additional Pumping Plant, and to construct a further reservoir with a capacity of 200,000 gallons alongside the existing reservoir, thus increasing the storage accommodation to 528,000 gallons.

Having regard to the uncertainty of the yield of the new  $8\frac{1}{2}$  inch bore tube which is to be sunk to a depth of 600 feet, the scheme, which is estimated to cost £7,590, is to be regarded as a very necessary provision to safeguard the present supply in case of breakdown, rather than an attempt to augment the supply. It is, however, anticipated that when both bore tubes are in use, the combined yield will be at least 50 per cent. greater than at present. The sinking of the bore tube was commenced in October and at the end of the year was still in progress.

In addition to the bore tube and well yielding the potable supply, there is at the Shoeburyness Waterworks a surface water well 175 feet in depth which yields water which, having 70 degrees of hardness (permanent 48, temporary 22) and being liable to pollution, is unsuitable for a domestic supply. This hard water is in the main supplied to the London, Midland and Scottish Railway for locomotive purposes, but is also used for flushing urinals and for other non-potable purposes; each of the draw-off taps on the hard water mains has been conspicuously marked as being not for drinking purposes. The existence of dual mains in public thoroughfares, one set yielding potable water and the other non-potable water is not devoid of danger, but the possibility of errors in connections to the wrong mains is materially diminished owing to all such connections in Shoebury being made by the staff of the Waterworks.

### *Sewerage.*

The main sewer from Shoeburyness to the Prittlewell Sewage Disposal Works is under construction, as also are the new sewage pumping stations to be provided at Shoeburyness in connection with the scheme, *viz.*, those at Ness Road and Rampart Street respectively. The construction of soil and surface water sewers on the Thorpedene Estate at Shoeburyness has been completed, including the 42in. stormwater outfall from Church Road to the foreshore. A stormwater relief sewer has been laid in Grand Parade, Leigh, in order to obviate flooding in Undercliff Gardens, whilst a scheme has been prepared for the provision of a stormwater outfall from Canewdon Road to the foreshore to prevent similar flooding in the latter area during heavy rainfall.



The total length of sewers laid during the year ended March 31st, 1938, is as follows :—

	Soil Sewers.	Surface-water Sewers.
Under Private Street Works Acts ...	387 yards	5,029 yards
Estate Sewers (private enterprise) ...	2,575 yards	1,640 yards
By Corporation . . . . .	770 yards	2,034 yards
TOTAL ...	<u>3,732 yards</u>	<u>8,703 yards</u>

### *Public Mortuary.*

The number of bodies received at the Public Mortuary during the year was 138, whilst the number of autopsies performed was 81, the corresponding figures for the preceding year being 148 and 96 respectively. The conversion of the catacombs into cold chambers, as mentioned in last year's report, resulted in a complete absence of the complaints of effluvia which were received prior to the installation of the refrigerating plant.

### *House Boats.*

The use as improvised dwellings of converted launches, barges and other craft moored in Leigh Creek continues, notwithstanding that the Corporation in 1935 purchased the foreshores with the object of removing this blot on the sanitation and appearance of the western area of the Borough. It is understood that the Council's legal department have the matter in hand.

### *Refuse Removal.*

The following statistics as to the work carried out during the year in connection with the collection of refuse have been supplied by the Cleansing Superintendent in the Borough Surveyor's Department.

<i>House Refuse.</i>	1935	1936	1937
No. of working days ... ..	306	308	308
Men employed—daily average ...	108.05	117.3	120.5
Horses „ „ „ ...	0.4	0.43	0.17
Houses visited „ „ „ ...	6,073	6,439	6,696.5
Bins emptied „ „ „ ...	6,746	7,129	7,383.5

### *Trade Refuse.*

Loads—daily average . . . . .	10	11	11
Bins „ „ „ ... ..	4	7	38

### *Total Refuse.*

Weight in tons—daily average ..	115.45	121.3	120.3
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The weight of Fish Offal collected was 241.45 tons, as compared with 202.55 tons and 230.2 tons in the two previous years; 47 premises are visited regularly for the removal of fish offal, 9 being cleared daily, 21 on 3 days a week and 17 on one day a week.



Notwithstanding the increase in the number of houses visited, the average weight of refuse collected daily is one ton less than in the previous year, this being due to the diminished ash content of the house refuse nowadays.

Three S.D. Freighters of the Chelsea Type were purchased during the year and at the end of the year 20 vehicles were in use for the collection of house refuse, *viz.*, 1 Ransome Electric (7 c. yds.), 5 Garrett Electrics (10 c. yds.), 1 Morris (4½ c. yds.), and the following S.D. Freighters, *viz.*, 3 Roller blind type (7 c. yds.), 3 Dustless type (7 c. yds.), 4 Dustless type (10 c. yds.), and 7 Chelsea type (10 c. yds.).

The number of loads of house refuse collected by the various types of vehicles was as follows :—

Electric Motors, 6,600 (7,110); Petrol Motors, 1,044 (1,705); S.D. Freighters, 17,604 (15,966); Hired Motors, 155 (357); Horse Vans, 77 (187); the numbers in brackets being the corresponding figures for 1936.

### *Refuse Disposal.*

The work of modernization of the Prittlewell Disposal Works in accordance with the scheme referred to in the Report for 1935 was commenced during the last quarter of the year. The carrying out of the alterations will necessitate half of the incineration cells being for a period out of action and at the end of the year a scheme was approved for the disposal of house refuse collected in the western area of the Borough by controlled tipping on the Leigh Marshes.

### *Sanitary Inspection.*

Complaints received and attended to ... ..	1,423
Complaints referred to Highways Department ... ..	61
Frivolous complaints received ... ..	50
Nuisances detected without complaint ... ..	1,161
Nuisances abated on notice ... ..	1,434
Nuisances abated without notice ... ..	1,275
Preliminary notices served ... ..	875
Notices not complied with but being dealt with ... ..	—
Houses affected by notice ... ..	971
Houses inspected under Public Health Acts ... ..	2,519
Houses, number inspected under Housing Acts ... ..	672
Statutory notices served ... ..	25
Visits of inspection made during the detection and abatement of nuisances ... ..	24,787
Notices served under Section 17, Housing Act, 1930 ... ..	28

### *Work done in connection with the Drainage of Premises.*

Houses, drains tested :—	
After infectious diseases ... ..	269
By request on payment of fee ... ..	21
On complaint or alteration of drainage ... ..	656
Number of houses re-drained ... ..	120
Number of houses, drains repaired ... ..	213
Total length of drain tested with water ... ..	8,712 feet
New inspection chambers built ... ..	663
New gullies fixed ... ..	513
New covers to inspection chambers provided ... ..	209

Inspection chambers rendered ... ..	276
New soil pipes provided ... ..	176
Vent pipes unblocked ... ..	67
New W.C. pans and traps provided ... ..	281
New flushing cisterns provided ... ..	252
New lavatory basins provided ... ..	84
W.C.'s made open risers ... ..	58
New W.C.'s erected ... ..	196
New baths provided ... ..	59
New sink waste pipes provided ... ..	163

*Housing. The following defects were remedied and  
Improvements carried out.*

Houses demolished by owners without action ... ..	6
Defective flushing cisterns repaired ... ..	73
W.C.'s floors paved ... ..	128
Blocked drains cleared ... ..	413
New sinks provided ... ..	90
Defective guttering repaired, houses ... ..	113
Defective rainwater pipes repaired ... ..	89
Defective roofs repaired ... ..	145
Yards paved and repaired ... ..	172
New floors to houses ... ..	42
Cement plinths to houses provided ... ..	48
Scullery floors repaired and relaid ... ..	27
Stoves repaired or renewed ... ..	66
Copper furnaces repaired ... ..	54
New sanitary ash bins provided ... ..	368
New gutters provided ... ..	111
Walls to houses rendered ... ..	56
Sash cords renewed ... ..	229
Air bricks provided ... ..	194

*With respect to Dirty Houses.*

Houses cleansed ... ..	59
Rooms cleansed ... ..	272
Ceilings cleansed ... ..	212
W.C. pans cleansed ... ..	67
W.C. apartments cleansed ... ..	70
Rooms measured as to overcrowding ... ..	209
Overcrowding in rooms abated ... ..	79

*In connection with the Water Supply the following work  
has been carried out.*

Houses, re-connected to Water Company's mains ... ..	62
Houses, water laid on from Company's mains ... ..	14

*With respect to the Keeping of Animals.*

Removal of animals improperly kept ... ..	26
Stables, yards paved or paving repaired ... ..	16
Pig Styes cleansed and lime washed ... ..	82
Inspections of piggeries ... ..	280
Notices served <i>re</i> removal of manure under Section 49 ... ..	—
Accumulation of manure removed and owners charged with costs ... ..	—

*Schools.*

Schools, sanitary conveniences, inspections ... ..	377
--	-----

*Particulars as to enquiries with respect to Infectious Diseases.*

Enquiries <i>re</i> infectious diseases... ..	414
„ „ smallpox contacts ... ..	2
„ „ other contacts ... ..	74

*Miscellaneous.*

Smoke observations	...	...	...	...	...	102
Cesspools, emptied and filled in	...	.	...	...	...	73
Cesspools, inspections	...	...	...	...	...	263
Marine Store Dealers' premises, inspections	...	...	...	...	...	32
Visits to Gipsy vans	...	..	..	...	...	109
Offensive trades premises, inspections	...	...	...	...	...	433
Butchers' premises inspected	...	...	...	...	...	2,564
Fishmongers' premises inspected	..	...	...	...	...	554
Fruiterers' premises inspected	..	...	..	...	...	347
Stables, inspections	...	...	..	...	...	266
Ice Cream vendor's premises, inspections	...	...	...	...	...	330
Public House urinals, inspections	...	...	...	...	...	347
Refreshment houses, inspections	...	...	...	...	...	399

*Drain Testing.*—The drains of houses are tested whenever there is any reason to suspect any defect, and also on occurrence of any notifiable disease among the residents. Of 371 houses, the drains of which were examined as a routine measure on account of occurrence of infectious disease, 324 were found to be in good order, 35 had trivial defects, whilst in 12 instances it was considered necessary for the drains either wholly or in part to be relaid.

*Disinfection of Houses.*—The number of rooms disinfected during the year was 1,430 in 771 houses, including 580 rooms in 220 verminous houses, also 107 rooms in 74 houses after removals or deaths of patients suffering from Pulmonary Tuberculosis. The number of articles subjected to steam disinfection at the Disinfection Station was 31,688.

*Common Lodging Houses.*—There is no registered Common Lodging House in the Borough, but a lodging house which the owner denies comes within the definition is subject to regular inspection to ensure that it is kept in compliance with the Bye-laws.

*Offensive Trades.*—There are 59 fish-frying premises on the register and these are all subject to routine inspection. With two or three exceptions, the apparatus is of modern design, and as far as possible effluvium is prevented. Thirty-eight of the premises are licensed, and of these, thirty-four are subject to annual renewal of the licence, pursuant to Section 44 (2) of the Public Health Act, 1925.

There are no other premises in the borough at which an offensive trade is carried on; there are 4 premises of marine store dealers who do not now collect bones or offensive rags.

*Rag Flock Acts, 1911 and 1928.*

No samples of rag flock were taken during the year, visits of inspection to Upholsters' premises shewing that no rag flock was being used except for the re-making of mattresses.



*Factory and Workshops Act, 1901.*1. *Inspection of Factories, Workshops and Workplaces.*

	No. of Inspections. Written Notices. Prosecutions.		
Factories (including Factory Laundries) ... ..	329	7	—
Workshops (including Workshop Laundries) ... ..	385	2	—
Workplaces other than Out-worker's premises included in Part II. of this report	535	12	—
Totals	1,249	21	—

II. *Defects found in Factories, Workshops and Workplaces.*  
Nuisances under the Public Health Acts :—

	Found.	Remedied.	No. of Defects referred to H.M. Inspector	No. of Prosecutions
Want of cleanliness ... ..	27	27	—	—
Want of ventilation ... ..	1	1	—	—
Overcrowding ... ..	1	1	—	—
Want of Drainage to floors ... ..	—	—	—	—
Sanitary Accommodation—				
Want of accommodation .. ..	4	4	—	—
Insufficient ... ..	4	4	—	—
Unsuitable or defective	2	2	—	—
Not separate for sexes	1	1	—	—
Other nuisances ... ..	12	12	—	—
Other offences under the Factory and Workshops Act	5	5	—	—
Totals	57	57	—	—

III. *Home Work.*

Addresses of outworkers received from employers .. ..	20
Addresses of outworkers received from other Councils ... ..	76
Addresses of outworkers forwarded to other Councils ... ..	5
Outwork in infected premises, instances ... ..	—
Orders made (Section 110) ... ..	—
Outwork in unwholesome premises, instances ... ..	—
Prosecutions ... ..	—
Inspection of outworkers' premises ... ..	173

IV. *Registered Workshops on the Register at the end of the year.*

Workshop Bakehouses ... ..	17
Workshop Laundries .. ..	3
Cabinetmaking Workshops ... ..	18
Dressmaking Workshops ... ..	30
Boot Repairing Workshops ... ..	37
Tailoring Workshops .. ..	43
Cockle Boiling Workshops ... ..	14
Miscellaneous ... ..	121
Total number of Workshops on Register	283

*Shops Acts.*

Each of the Sanitary Inspectors acts as an Inspector under the Shops Acts and particulars of the work carried out during the year are as follows :—

I. <i>Shops Acts, 1912 and 1913.</i>			
No. of infringements detected and cautions given	...	...	393
II. <i>Shops Act, 1934</i>			
Number of visits of inspection	...	...	789
Number of shops at which :—			
(a) new W.C.'s were provided on notice	...	...	4
(b) W.C.'s were cleansed or repaired on notice	...	...	9
Number of shops at which on notice :—			
(a) facilities for washing were provided	...	...	3
(b) facilities for heating were provided	...	...	3
Number of shops at which young persons were found to be employed in excess of permitted hours	...	...	22
Number of shops at which failure to exhibit prescribed notices was detected	...	...	181
Number of re-visits to shops to ensure exhibition of notices	...	...	407
III. <i>Shops (Sunday Trading Restrictions Act), 1936</i>			
Number of visits of inspection	...	...	2,597
Number of infringements and cautions given	...	...	958
Number of re-visits to shops to ensure exhibition of notices and the keeping of records	...	...	1,327

*Eradication of Bed Bugs.*

During the year 580 rooms in 220 houses, including 31 Council houses, were disinfected by the Council's Disinfecting Staff for the eradication of bed bugs. Thirty notices were also served on Owners and Occupiers calling upon them to eradicate bugs from rooms in their houses, all of which were complied with. The methods adopted were detailed in last year's report.

*Swimming Baths, Etc.*

The only swimming baths open to the public are those owned by the Council, *viz.*: two bathing pools at Thorpe Bay and Leigh-on-Sea respectively, which are tidal, and the open-air swimming bath at Westcliff at which plant to ensure adequate filtration and sterilization, in addition to heating, was installed in 1936. Examinations of the water shew that the plant is operating satisfactorily.

## SECTION D.

## HOUSING.

The development of building estates in the outlying portions of the Borough has continued but there is evidence of some slowing down in the activities of the estate owners. Building operations on an estate near the centre of the Borough which has been developed during recent years have entirely ceased; the houses on the estate were built for sale but many of them have had to be let to tenants on a 3 years agreement at inclusive rentals of 25/- to 35/- weekly and it is not surprising that there are still for sale or to let in one road on this estate 10 houses which were built over a year ago, there being a relatively small demand in what may be considered to be a working class area for houses at these rentals.

In the Eastwood area of the Borough, building has continued steadily throughout the year, but the houses are intended to be let to families of the artisan class and are consequently not available to the poorer class of family which constitutes a considerable proportion of the working class population of Eastwood and these families have to continue to occupy houses which, owing to their method of construction and the quality of the materials used in their erection, are rapidly becoming dilapidated to such a degree that the question of the making of Demolition Orders will shortly arise.

In the Shoebury area, the erection of houses in the Caulfield Road area and on the Cambridge Estate has reduced the shortage in house accommodation experienced a few years ago, but there is still a demand for houses at a rental within the means of the poorest inhabitants in the area. Labourers employed in the brick-making industry or in the War Department's Ranges with a family income averaging 50/- per week have difficulty in paying rentals in excess of 10/- weekly and this accounts for a number of houses to be let at a higher rental remaining unoccupied.

In the Westcliff area there are a large number of empty houses of the type with four or more bedrooms to let at rentals of from 25/- to 30/- per week; the practice continues of letting such houses to two or more families who singly could not meet the rent; some of these houses are being converted into two self-contained flats and unless so converted do not appear to be so readily let as formerly.

Except on the Sutton Road Estate which is in the central area of the Borough there is now very little demand for the Council's houses as will be seen from the following table which gives the number of applications which were in the possession of the Housing Committee on March 31st, 1938 :—

	Numbers in Family						Total Applications
	8	7	6	5	4	3	
Sutton Road Estate ... ..	1	1	3	5	22	34	66
Leigh Estate (original Scheme)	—	—	1	4	6	1	12
Leigh Estate (15/- type) ...	—	1	—	—	2	8	11
Southview Estate ... ..	—	—	—	—	2	1	3
Shoeburyness Estate ... ..	—	—	—	1	—	—	1
Eastwood Estate ... ..	—	—	—	—	—	—	—
TOTAL ... ..							93



In the opinion of the Housing Committee many of these applicants were in a financial position to rent some of the vacant privately owned houses and in allocating the tenancy of houses which became vacant during the year the Committee gave preference to applicants with large families and to those living under unsatisfactory conditions. The subsidised houses on the Corporation's Southview Estate which were not required for the re-housing of persons displaced consequent on the making of Demolition Orders have been utilized for the accommodation of overcrowded and poor families at the rebated rentals. Some of the houses on this estate have already been vacated by the persons to whom they were first let and on one or two occasions the fact that there was no waiting list of applicants led to the Council having to exhibit notices in the houses to the effect that the latter were "to let."

*Overcrowding.*—The appointed day for the purposes of Sections 3 and 8 of the Housing Act, 1936, as fixed by the Minister of Health was 1st January, 1937, as from which date it is necessary that every Rent Book should contain a summary in the prescribed form of the requirements of the Act, and a statement of the "permitted numbers"; these requirements have been on the whole well-observed. During the year 4,851 additional houses were surveyed with a view to ascertaining the permitted numbers.

Of the 146 families comprising 780 units who at the beginning of the year were living under overcrowded conditions, the overcrowding had been abated by the end of the year in 132 cases, comprising 686 units, whilst of the 56 dwellings occupied by families comprising 263½ units found for the first time to be overcrowded during 1937 the overcrowding has been abated in 47 cases (205 units) as under :—

Method by which overerowing cases relieved	Detected in	
	1936	1937
On family leaving the Borough ... ..	4	1
On removal to :—		
Council Houses ... ..	30	1
Houses in private ownership ... ..	59	35
By arranging for some members of family to sleep elsewhere ... ..	16	1
By renting additional rooms in same house ... ..	9	4
By removal of sub-tenant ... ..	8	—
By re-arrangement of rooms oecupied ... ..	2	1
By departure on marriage, etc., of one or more members of a family ... ..	4	4
TOTAL ... ..	132	47

*Van Dwellers, etc.*

Of the 149 vans, sheds and other improvised structures which, when the Borough boundaries were extended on 1st October, 1933, were found in the added area to be housing 116 families, only one remained occupied at the end of the year—this dwelling has since been vacated.

Of the 115 families who had vacated their dwellings by the end of the year, 84 were known to have rehoused themselves within the Borough. These families have continued to be kept under observation, the accommodation of their present dwellings inspected and the financial circumstances of the household obtained. Of the 33 families, who were stated in last year's Report to have rehoused themselves under unsatisfactory conditions, either the premises being overcrowded or considerable hardship being experienced by the families in paying the rent required, continued observation during the year showed that 13 did not require to be rehoused by the Council, the overcrowding having been abated or the financial circumstances having improved.

Of the remaining 20 families, 18 accepted the tenancy of 21 houses on the Southview Housing Estate at Eastwood where the Council had, with the sanction of the Ministry of Health, allocated 38 houses for the rehousing of displaced families at rebated rentals, it being necessary to utilize two houses for one family in three instances owing to the families comprising 10, 10 and 9 individuals respectively. Two families who at the beginning of the year were still in occupation of their improvised dwellings, but awaiting rehousing by the Council were also re-housed. The inclusive rentals charged for these 23 houses were fixed as follows :—

12/- per week	...	3 families	
10/9 „ „	...	10 families	(3 of the 10 families having 2 houses each, the total rent paid by each family for 2 houses being 10/9 per week).
9/6 „ „	...	6 families	
7/6 „ „	...	1 family	

One family was rehoused on the Eastwoodbury Housing Estate at an inclusive rental of 7/6 per week and the remaining family, who were still in occupation of their dwelling at the end of the year, refused the offer of a house on the Southview Housing Estate at the rebated rental of 8/- per week inclusive and application is being made to the Court for a warrant ordering vacant possession of the premises to be given to the Corporation.

*Unfit Houses.*

The position at the end of the year as regards the 20 houses scheduled in 1933 as being likely to require demolition within 5 years and the 26 houses and 116 vans, sheds, &c., included in the Supplemental Programme (dealing with added areas only) in 1935, together with 13 houses and 5 caravans which were not included in the programme, is as follows :—

	Original Programme		Supplemental Programme				Dwellings not included in Programmes			Totals	
	Houses	Persons Displaced	Houses		Vans, etc.		Houses		Vans, etc.		Persons Displaced
			No.	Persons Displaced	No.	Persons Displaced	No.	Persons Displaced	No.	Persons Displaced	
Demolished after action under Section 19 ...	7	25	14	45	97	343	11	55	5	10	478
Demolished in anticipation of formal procedure ...	—	—	1	9	16	48	2	2	—	—	59
Out of use as a result of undertaking ...	6	14	—	—	—	—	—	—	—	—	14
Made fit ...	2	—	—	—	—	—	—	—	—	—	—
Dealt with by 31.12.37	15	39	15	54	113	391	13	57	5	10	551
Remaining to be dealt with ...	5	10	11	56	3	15	—	—	—	—	81
TOTALS ...	20	49	26	110	116	406	13	57	5	10	632



*Housing Statistics.**I. Inspection of Dwelling-houses during the year.*

(1) (a) Total number of Dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	3,191
(b) Number of Inspections made for the purpose ...	3,619
(2) (a) Number of Dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	672
(b) Number of inspections made for the purpose ...	976
(3) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	13
(4) Number of Dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	351

*II. Remedy of Defects during the year without service of formal Notices.*

Number of defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	298
---	-----

*III. Action under Statutory Powers during the year.**A—Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936.*

(1) Number of Dwelling-houses in respect of which notices were served requiring repairs ...	28
(2) Number of Dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners ...	28
(b) By local authority in default of owners ...	—

*B—Proceedings under Public Health Acts.*

(1) Number of Dwelling-houses in respect of which notices were served requiring defects to be remedied	25
(2) Number of Dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners ...	25
(b) By local authority in default of owners ...	—

*C—Proceedings under Sections 11 and 13 of the Housing Act, 1936.*

(1) Number of Dwelling-houses in respect of which Demolition Orders were made ...	3
(2) Number of Dwelling-houses demolished in pursuance of Demolition Orders ...	*20

## D—Proceedings under Section 12 of the Housing Act, 1936.

- |   |   |
|---|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...  | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... | — |

\* This number includes 10 caravans, sheds and other improvised structures.

IV. *Overcrowding.*

- |  |              |
|--|--------------|
| (a) (i) Number of dwellings overcrowded at the end of the year ... ..  | 23           |
| (ii) Number of families dwelling therein ... ..  | 23           |
| (iii) Number of persons dwelling therein ... ..  | 179          |
|  | (152½ units) |
| (b) Number of new cases of overcrowding reported during the year ... ..  | 56           |
| (c) (i) Number of cases of overcrowding relieved during the year ... ..  | 179          |
| (ii) Number of persons concerned in such cases ... ..  | 891          |
| (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... | Nil.         |
| (e) Any other particulars with regard to overcrowding conditions ... ..  | —            |

## SECTION E.

## INSPECTION AND SUPERVISION OF FOOD.

## A.—THE MILK SUPPLY.

*Milk and Dairies Order, 1926.*

The following table shows the number of premises, of inspections, and of notices served during the year :—

Nature of Premises.	No. of Premises.	No. of Inspections	No. of Notices Served.
Cowsheds ... ..	11	193	—
Dairies ... ..	54	413	4
*Other Shops ... ..	497	521	—

\* These shops are not liable to registration as Dairies because milk is sold either in sealed bottles only or for consumption on the premises only.

Pursuant to Article 8 of the Milkshops and Dairies Order, 1926, the Corporation's Veterinary Inspector inspected all cattle on the premises of each of the cowkeepers in the Borough twice during the year, examining 287 cows and heifers, all of which were reported to be free from clinical evidence of tuberculosis.

*The Milk (Special Designations) Order, 1936.*

Licences have been issued by the Council pursuant to this Order as follows :—

	No. of Premises Licensed.
To produce Accredited Milk ... ..	4
To bottle and distribute Accredited Milk ... ..	2
To distribute Accredited Milk ... ..	1
To bottle and distribute Accredited (Tuberculin Tested) Milk ... ..	1
To distribute Accredited (Tuberculin Tested) Milk, bottled in the Borough, 12; bottled outside the Borough, 6 ...	18
To Pasteurize Milk ... ..	5

Samples of the Graded Milks are taken at regular intervals and when the sample is found not to be in accordance with the standard laid down, communications are at once sent to the Vendors calling upon them to investigate the causes which have led to the milk falling below the standard.

Twenty-two samples of Accredited Milk, 42 samples of Tuberculin Tested Milk and 58 samples of Pasteurized Milk were submitted for examination, and of these two samples of Pasteurised Milk and three samples of Accredited milk failed to comply with the standards. During the year ten samples of raw bottled milk were taken for examination for (a) bacterial count, and (b) for the presence of Tubercle Bacilli but in no case were Tubercle Bacilli found to be present.

## B.—MEAT.

### *Slaughterhouses.*

The slaughterhouses in the Borough now number ten, four of which are subject to annual licence, 2,479 visits were paid by the Inspectors during the year, and the premises were found generally to be well conducted, and no notices were necessary.

### *Slaughter of Animals Act, 1933.*

Twenty-three applications were received for the renewal of licences to slaughter animals in the various slaughterhouses in the County Borough, all of which were duly renewed. Ten new applications for licences to slaughter were granted. The requirements as to the use of a mechanically operated instrument for stunning prior to slaughter are complied with, Cash's captive bolt pistol being the instrument invariably used.

### *Public Health (Meat) Regulations.*

The Regulations are well observed, practically all the retail butchers having made special provision by means of glass fronts to protect their meat from contamination by dust, etc.

Notifications of intended slaughter were received on 341 occasions, and the carcasses examined by the Inspectors numbered 21,582, viz.: Beasts 1,041, sheep 9,136, calves 2,542, and pigs 8,863.

Practically all the butchers now consent to the carcasses slaughtered for them in local slaughterhouses being stamped by the Meat Inspectors after examination at the time of slaughter.



The following carcasses brought into the Borough from out-lying districts were also examined at the shops of butchers, *viz.* : pigs 1,769, beasts 237, sheep 976, and calves 373.

The following table shows the carcasses inspected and condemned during the year :—

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	929	112	2,542	9,136	8,863
Number inspected ... ..	929	112	2,542	9,136	8,863
<i>All diseases except tuberculosis :—</i>					
Whole carcasses condemned	1	2	—	2	10
Carcasses of which some part or organ was condemned	11	17	—	10	60
Percentage of the number inspected affected with disease other than tuber- culosis ... ..	1.29	16.96	—	.13	.79
<i>Tuberculosis only :—</i>					
Whole carcasses condemned	3	7	3	—	18
Carcasses of which some part or organ was condemned	28	51	—	—	165
Percentage of the number inspected affected with tuberculosis ... ..	3.3	51.8	.12	—	2.06

### C.—UN SOUND FOOD.

In addition to the carcasses, etc., condemned at slaughter houses the undermentioned quantity of unsound food was surrendered during the year :—

Bruised ... .. Beef, 721 lbs.; Mutton, 64 lbs.  
Decomposing ... .. Beef, 495 lbs.; lambs' livers, 292½ lbs.;  
bacon, 248 lbs.; ox livers, 72½ lbs.;  
Mutton, 31 lbs.; ox kidneys, 16 lbs.;  
rabbits, 108.

#### *Tinned Food.*

Milk ... ..	479 tins	Ox tongues ... ..	13 tins
Plums ... ..	138 „	Tomatoes ... ..	2 „
Corned beef ... ..	74 „	Veal ... ..	1 „
Salmon ... ..	20 „		

#### *Fish.*

Skate ... ..	256 lbs.	Fried fish ... ..	56 lbs.
Herrings ... ..	71 „	Haddocks ... ..	14 „
Cod ... ..	56 „		

#### *Miscellaneous.*

Pears ... ..	1 box
--------------	-------

## D.—FOOD AND DRUGS (ADULTERATION) ACT.

The number of samples submitted to the Public Analyst was 436 (347 formal, 89 informal) and of these 21 (20 formal, 1 informal) were reported to be non-genuine, *viz.* : 18 (147) samples of milk, 1 (1) sample of margarine and butter mixture, 1 (1) sample of table vinegar and 1 (1) informal sample of Raspberry jam. The figures in brackets denote the total number of samples of the articles which were taken.

The 415 (327 formal, 88 informal) samples found to be genuine comprised samples as under, the figures in brackets representing the number of formal samples included in the total :

Milk (129); Margarine (29); Butter (22); Malt Vinegar (20); Sausages, 16 (15); Lard, (15); Cream, 15 (6); Ground Almonds, 11 (9); Sponge Cake, 10; Luncheon Sausage, 8 (6); Mincement (8); Fish Paste, 8; Mixed Spice, 5 (4); Icing Sugar, 5 (4); Meat Paste, 5; Sultanas (4); Mixed Fruit, (4); Glace Cherries, 4 (3); Corned Beef (4); Table Jellies, 4 (2); Wood Vinegar (3); Pepper, 3 (1); Epsom Salts, 3 (2); Dripping, 3 (2); Minced Meat (3); Currants (3); Sugar, 3 (2); Camphorated Oil, 3; Cheese (2); Tea (2); Rice (2); Pickles, 2 (1); Soup Powder (2); Jam, 2 (1); Shredded Suet (2); Brawn, 2 (1); Jelly Crystals (2); Ground Ginger, 2; Tinned Sild, 2; Zinc Ointment (2); Cake (1); Mustard (1); Semolina (1); Egg Substitute Powder (1); Marmalade (1); Raisins (1); Crystallised Ginger (1); Chicken and Ham Roll (1); Boracic Ointment (1); Glauber Salts (1); Tapioca 1; Sago, 1; Custard Powder, 1; Blanc Mange Powder, 1; Bun Flour, 1; Curry Powder, 1; Horse Radish Sauce, 1; Gravy Salt, 1; Sweets, 1; Mince-Meat Pie, 1; Ground Nutmeg, 1; Condensed Milk, 1; Olive Oil, 1; Sardines, 1; Filleted Anchovy, 1; Dressed Crab Spread, 1; Saveloy, 1; Black Pudding, 1; Egg Galantine, 1; Steak and Carrots, 1; Green Peas, 1; Pea Flour, 1; Baking Powder, 1; Tea, 1; Jam Sponge, 1; Chocolate Wafer, 1; Castor Oil, 1; Desiccated Coconut, 1; Preserved Mushrooms, 1; Kosher Salt Beef, 1; Brandy Essence, 1.

In the cases of the 18 samples of milk reported to be non-genuine cautions were administered, the results of analysis of these samples being as follows :—

Fat abstracted % :— 1.67, 9.3, 16.3, 12.3, 5.7, 1.67, 16.0, 5.0, 8.0, 8.3, 13.3, 22.3, 6.0, 10.0, 6.7, 12.0.

Added water % :— 0.4, 4.71.

Cautions were also administered in respect of each of the following 2 non-genuine samples :—

Margarine and butter mixture, consisted of Margarine.

Raspberry jam, 2% deficient in soluble solids (informal sample).

No action was taken with regard to the one formal sample of Table vinegar which was reported to consist wholly of wood vinegar.

### Shellfish.

The steps taken originally in 1915 to control the collection of shellfish from the portion of the foreshore which is the property of the Corporation were detailed in last year's report. Following upon the occurrence of three cases of Typhoid Fever attributed to the consumption of cockles collected from the Shoeburyness fore-

shore, the agreement mentioned in last year's report with the " Committee " of four local shellfish merchants was extended so as to include the portion of the Shoeburyness foreshore which is owned by the Corporation, whilst representations were made to the Commandant of the Shoeburyness Garrison as to the need for preventing the indiscriminate collection of shellfish from the War Department's foreshore. Similar representations were made to the owners of a portion of the foreshore of the Thorpe Bay area of the Borough with the result that they entered into a similar arrangement with the " Committee " above referred to. Notices were also erected on the foreshores warning the public that the collection of shellfish from any portion of the foreshore was prohibited.

## SECTION F.

### I.—INFECTIOUS DISEASES.

The numbers of cases of infectious diseases notified during the year are shown in the following table :—

Disease	Total cases notified	Cases admitted to Hospital	Total Deaths
Smallpox ... ..	—	—	—
Scarlet Fever ... ..	301	167	3 (a)
Diphtheria ... ..	93	93	5 (b)
Typhoid Fever ... ..	5	5	1
Paratyphoid B. ... ..	2	2	—
Puerperal Fever ... ..	3	3	—
Puerperal Pyrexia ... ..	8	4	—
Pneumonia ... ..	218	60	109
Ophthalmia Neonatorum ...	12	1	—
Erysipelas ... ..	36	11	—
Cerebro-spinal Meningitis ...	3	3	2
Ac. Anterior Poliomyelitis ...	4	4	—
Bacillary Dysentery ... ..	46	16	—

(a) One death from Scarlet Fever was of a non-resident.

(b) One death from Diphtheria was of a non-resident.



There was no undue incidence of any of the notifiable infectious diseases, as will be seen from the following table which gives the rate per 1,000 population.

	Smallpox	Scarlet Fever	Diph- theria	Enteric Fever	Ery- sipelas	Pneu- monia
Southend-on-Sea ...	—	2.12	0.69	0.05	0.26	1.59
England & Wales	0.00	2.33	1.49	0.05	0.37	1.36
London ...	—	2.09	1.93	0.05	0.44	1.18
125 large Towns ...	—	2.56	1.81	0.06	0.43	1.58
148 smaller Towns	0.00	2.42	1.38	0.04	0.34	1.20

The rate per 1,000 of pneumonia notifications is an indication that in this Borough the regulations as to notification of this disease are well observed rather than that there was any undue incidence of the disease.

*Scarlet Fever.*—The notifications numbered 301 as compared with 424, 344, 507, 406 and 173 in the preceding five years; of the patients notified, 159 were admitted to the Borough Sanatorium, mild cases being isolated at home wherever possible. Two male adults aged 44 and 37 died in hospital from Toxæmia in spite of the administration of Scarlatinal Antitoxin, whilst a child aged 4 who was being treated at home died from Convulsions during the acute attack.

*Diphtheria.*—There were 93 notifications of this disease as compared with 54, 124, 157, 77 and 87 in the preceding five years; all the patients were admitted to the Borough Sanatorium for treatment. There were five deaths, a man aged 23, and a girl aged 2 dying from Diaphragmatic Paralysis, two girls aged 10 and 6 from Toxic Myocarditis and a boy aged 4 from Diphtheritic bronchiolitis and tracheitis.

*The Diphtheria Immunisation Clinic.*—This was held weekly throughout the year and has now been in existence for 2 years. The policy with regard to this work, which was discussed in the report for 1936, has remained unaltered, and no change has been made in the antigen employed; this is T.A.F. No difficulty has been experienced in securing the necessary attendances and no untoward reactions have occurred. There has been an increase of 108 in the number of injections given, which represents an increase of 36 children immunised as compared with the previous year. All children over the age of 7 were Schick tested on their first attendance, and the very high proportion of positive reactors indicates a low level of immunity in our child population. The experience thus gained suggests that in this Borough it is unnecessary to perform a primary Schick test upon children who are under 10 years. During the year 105 children completed the full course of injections and of 74 children treated at this clinic who were Schick tested during the year, after a minimum interval of six months from the date of the completion of the course, 68 or 91.9% were found to be Schick negative; one child was still Schick positive after completing a full second course.

The particulars of attendances, etc., are as follows :—

No. of individual children attending	...	...	...	...	171
Total number of attendances	...	...	...	...	617
" " " injections given	...	...	...	...	348
No. of Primary Schick Tests :—	Positive	48			
	Negative	6			
		—	Total	54	
No. of Posterior Schick Tests :—	Positive	6			
	*Negative	72			
		—	Total	78	

\* Of these, four children had been immunized by other Authorities or by private practitioners.

*Dysentery.*—During the last quarter of the year, a number of cases of dysentery came under observation, the cases being characterized by slight pyrexia lasting a few days and frequent stools, sometimes with the passage of blood and mucus, and exceptionally with tenesmus; all were of relatively mild type although the initial illness and prostration in some instances were somewhat severe. The first seven cases were notified at the end of November from the Southend General Hospital, two being members of the nursing staff; in these instances, the diagnosis that the cases were of dysentery due to the Sonn  bacillus had been confirmed by bacteriological examination. A circular letter to medical practitioners calling their attention to the prevalence of Bacillary Dysentery in London and the Home Counties led to a large batch of notifications being received; in relatively few cases had a bacteriological examination been made to confirm the diagnosis that the patients were suffering from bacillary dysentery. Cases occurred in all areas of the Borough and the mode of infection was not ascertained; in some cases several members of a family sickened at the same time.

The onset of the earliest case notified was on November 9th, the notification being received on November 27th; 16 cases were notified in November and 30 in December, and at the end of the year the outbreak appeared to be at an end. In instances in which the attack was at all severe or in which home isolation or nursing appeared to be likely to be inadequate, the patients were admitted to the Borough Sanatorium, all recovering after a stay of 2 or 3 weeks.

#### *Enteric Fever.*

Two cases of Paratyphoid B. Fever were notified in October and December respectively, but in neither case was the origin of the infection ascertained. Five cases of Typhoid Fever were also notified, but of these the clinical symptoms in one case were indefinite, the diagnosis being based on a partial agglutination reaction; in the other four patients, one of whom died from h morrhage on the day of notification, the onset of the disease followed the consumption of cockles which in three instances had been collected by members of the respective families from the local foreshore and consumed after being boiled at home. In addition to the death of the patient above referred to who had



been notified in the Borough, two patients chargeable to the County Borough who had been inmates at a mental Hospital for some years died therein from Typhoid Fever in May and July respectively, thus accounting for the three deaths of residents shewn in the Registrar General's returns.

#### *Cerebro-spinal Meningitis.*

Three in-patients at the Southend General Hospital were notified as suffering from this disease, one in July and two in August; two, aged 23 and 4 months respectively, died, whilst another patient, aged 20, ordinarily resident in the Borough died in January in a neighbouring district, having been taken ill whilst on a temporary visit.

#### *Poliomyelitis.*

Four notifications of this disease were received, three being notified from the Southend General Hospital to which they had been admitted for treatment, one from a neighbouring district, several weeks after the onset, which occurred in July, August and October respectively. The remaining patient, aged 15, became pyrexial on September 13th, developed paralysis on September 18th and was admitted to the Borough Sanatorium on September 20th. None of the cases was fatal, and in no case was the paralysis extensive.

#### *Ophthalmia Neonatorum.*

Twelve cases of this disease were notified during the year; medical practitioners were in attendance at the birth of three and midwives at the birth of seven; the remaining two infants were born in local hospitals, but developed the disease during the third week after birth and subsequent to discharge from hospital. All were relatively mild cases and recovered without damage to vision; none required in-patient treatment, but seven were treated in the out-patient department of the Borough Sanatorium, making in all 100 attendances.

Notified	Treated		Vision un-impaired	Vision impaired	Total blindness	Deaths
	At Home	In Hospital				
12	*12	—	12	—	—	—

\* Seven treated as Out-patients at the Borough Sanatorium.

#### *Puerperal Pyrexia.*

Eight notifications were received, two being of patients who had been delivered at the Southend General Hospital, four of patients confined at Nursing Homes, and two of patients



delivered at their own homes. Two of the patients were transferred to the Municipal Hospital and later found to be mild cases of sepsis, *viz.*, one patient delivered at a Nursing Home and one who had been confined at home. In the remaining cases, all of whom recovered, the pyrexia was due either to mastitis or to other causes unconnected with the delivery.

### *Puerperal Fever.*

Of the three patients notified to have Puerperal Fever, one had been confined at a Maternity Home by a medical practitioner, whilst the other two patients had been attended at their homes by midwives who had sought medical aid owing to the need for forceps delivery and digital removal of the placenta respectively. All three patients were admitted to the Municipal Hospital and recovered.

The resident in the Borough who died in the Municipal Hospital from puerperal sepsis was not notified, being admitted to the hospital for treatment for an incomplete abortion.

## II. — CANCER.

The number of deaths of residents which was attributed to Cancer and other Malignant Disease was 272 (Males 116, Females 156), giving a death rate per 1,000 of 1.98 as compared with 1.86, 1.72, 1.93, 1.65, and 2.15 in each of the preceding five years. The death rate for Cancer for the whole country was 1.63, the excess rate in the County Borough being doubtless explained by the proportion of the local population formed by the elderly.

The ages at death were as follows:—

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75
Males	—	—	—	2	1	5	15	24	47	22
Females	—	—	1	—	1	11	28	33	51	31

The primary sites of the diseases were as follows:—

	Males.	Females.
Skin ... ..	2	2
Lips, cheek, floor of mouth, tongue, etc. ...	2	1
Tonsils, pharynx ... ..	3	—
Larynx, Bronchus, Lung, Mediastinum ...	14	5
Œsophagus ... ..	2	1
Stomach ... ..	17	20
Colon ... ..	17	17
Small intestine ... ..	2	—
Rectum ... ..	11	7
Gall bladder, liver ... ..	8	5
Pancreas ... ..	5	5
Ovary ... ..	—	12

Uterus	...	...	...	...	...	—	21
Vulva	...	...	...	...	...	—	3
Breast	...	...	...	...	...	2	43
Prostate	...	...	...	...	...	15	—
Bladder	...	...	...	...	...	4	2
Brain	...	...	...	...	...	—	2
Miscellaneous or not ascertained	...	...	...	...	...	12	10
							116
							156

The primary sites of the disease in the five persons under 35 years whose deaths were attributed to Cancer were as follows :—

Males :	Epithelioma of cheek	...	...	aged 23
	Cancer of the cæcum	...	...	aged 23
	Sarcoma of lower jaw	...	...	aged 29
Females :	Tumour of brain	...	...	aged 8
	Cancer of uterus	...	...	aged 34

The facilities available locally for diagnosis and treatment were set out in detail in last year's report and remain unchanged. ]

### III. — TUBERCULOSIS.

The following table gives particulars of all new cases of Tuberculosis, and of all deaths from the disease, during 1937 :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	—	3	—	—	—	3	—
1	1	1	1	—	1	—	—	—
5	—	—	4	2	—	—	—	—
10	2	1	—	3	—	—	—	—
15	7	8	—	2	4	1	—	—
20	11	7	1	1	3	4	—	—
25	32	20	3	1	11	9	—	—
35	18	10	—	1	16	8	—	1
45	20	4	1	2	6	6	—	—
55	9	4	—	1	6	3	—	—
65 and upwards	1	2	—	—	4	1	—	—
Totals	101	57	13	13	51	32	3	1

The non-notified deaths numbered 7, or 8.4 per cent., six being ascertained from the Death Returns, whilst one was a posthumous notification. Enquiry is invariably made of medical practitioners as to the reason for failure to notify.

*Notifications.*—During the year 158 primary notifications of Pulmonary Tuberculosis (101 males and 57 females) were received, and 26 cases of Non-Pulmonary Tuberculosis (13 males and 13 females). There were also received 22 duplicate notifications, all of Pulmonary Tuberculosis.

The following table shows the Ward Incidence of the Primary cases notified during the year :—

Ward				Pulmonary	Non-Pulmonary	Totals
All Saints	...	...	...	16	1	17
Chalkwell	...	...	...	14	3	17
Eastwood	...	...	...	11	3	14
Leigh	...	...	...	11	1	12
Milton	...	...	...	9	1	10
Pier	...	...	...	14	—	14
Prittlewell	...	...	...	10	3	13
Shoebury	...	...	...	10	—	10
Southchurch	...	...	...	16	2	18
St. Clements	...	...	...	11	2	13
Thorpe	...	...	...	13	2	15
Victoria	...	...	...	11	2	13
Westborough	...	...	...	12	6	18
Totals	...	...	...	158	26	184

The number of cases of Tuberculosis remaining on the Notification Register on December 31st was as follows :—

Pulmonary			Non-Pulmonary			Grand Total
Males	Females	Total	Males	Females	Total	
256	227	483	40	42	82	565

The following Table shows the parts of the Body affected in the primary cases notified on Form A in 1937 :—

Part of Body Affected							Males	Females	Total
Lungs	...	...	...	...	...	...	101	57	158
Cervical Glands	...	...	...	...	...	...	4	8	12
Meninges	...	...	...	...	...	...	3	—	3
Joints	...	...	...	...	...	...	—	3	3
Spine	...	...	...	...	...	...	1	1	2
Axillary Gland	...	...	...	...	...	...	1	—	1
Tongue	...	...	...	...	...	...	1	—	1
Breast	...	...	...	...	...	...	—	1	1
Peritoneum	...	...	...	...	...	...	1	—	1
Bones	...	...	...	...	...	...	1	—	1
Genito-Urinary	...	...	...	...	...	...	1	—	1
Totals	...	...	...	...	...	...	114	70	184

No action was necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925.



Institutional treatment was provided under the Council's Scheme for 184 patients, as under:—

Pulmonary	Adults		Children		Total
	M	F	M	F	
Municipal Hospital—Milton & Leigh Wards ... ..	36	36	1	—	73
Borough Sanatorium ("Allen" Block) ... ..	21	25	—	—	46
Benenden ... ..	20	11	—	—	31
Grosvenor ... ..	6	6	—	—	12
Preston Hall ... ..	1	—	—	—	1
Papworth ... ..	2	—	—	—	2
Guy's Hospital ... ..	1	1	—	—	2
Children's Sanatorium, Holt ...	—	—	1	—	1
<b>Totals ... ..</b>	<b>87</b>	<b>79</b>	<b>2</b>	<b>—</b>	<b>168</b>

Non-Pulmonary	Adults		Children		Total
	M	F	M	F	
St. Vincent's, Pinner ... ..	—	—	3	2	5
St. Anthony's, Cheam ... ..	2	1	—	—	3
Royal Sea Bathing Hospital ...	1	2	—	—	3
Alton ... ..	—	—	1	2	3
Royal National Orthopaedic Hospital ... ..	—	—	—	1	1
Gladstone Home, Mitcham ...	—	1	—	—	1
<b>Totals ... ..</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>16</b>
<b>Grand Totals ...</b>	<b>90</b>	<b>83</b>	<b>6</b>	<b>5</b>	<b>184</b>

TABLE I.

Return showing the work of the Dispensary during the year 1937 :—

Diagnosis	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—NEW CASES examined during the year (excluding contacts) :—													
(a) Definitely tuberculous	51	28	1	1	1	2	4	4	52	30	5	5	92
(b) Diagnosis not completed ... ..	—	—	—	—	—	—	—	—	3	3	—	1	7
(c) Non-tuberculous ... ..	—	—	—	—	—	—	—	—	29	46	24	18	117
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous	2	2	—	1	—	—	1	—	2	2	1	1	6
(b) Diagnosis not completed ... ..	—	—	—	—	—	—	—	—	1	—	—	—	1
(c) Non-tuberculous ... ..	—	—	—	—	—	—	—	—	15	53	42	44	154
C.—CASES written off the Dispensary Register as:—													
(a) Recovered ... ..	6	10	1	1	1	3	9	7	7	13	10	8	38
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	—	—	—	—	—	—	46	101	66	62	275
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—													
(a) Definitely tuberculous	233	179	2	7	9	9	23	24	242	188	25	31	486
(b) Diagnosis not completed ... ..	—	—	—	—	—	—	—	—	4	3	—	1	8

1. Number of persons on Dispensary Register on January 1st ... .. 515
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 66
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 83
4. Cases written off during the year as Dead (all causes) ... .. 68
5. Number of attendances at the Dispensary (including Contacts) ... .. 1,704
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... .. 85
7. Number of consultations with medical practi-

- tioners :—
- (a) Personal ... .. 52
  - (b) Otherwise ... .. 89
  8. Number of visits by Tuberculosis Officer to Homes (including personal consultations) ... 530
  9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... .. 817
  10. Number of :—
    - (a) Specimens of sputum, etc., examined ... 594
    - (b) X-ray examinations made in connection with Dispensary work 1,097
  11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above ... .. —
  12. Number of "T.B. plus" cases on Dispensary Register on the 31st December ... .. 302

TABLE II.

The following Table shows the extent of Residential Treatment provided during the year 1937 :—

	In Institutions on Jan. 1st	Admitted during the Year	Discharged during the Year	Died in the Institutions	In Institutions on Dec. 31st
<b>PULMONARY</b>					
M	17	69	31	19	36
F	24	55	50	12	17
Children	1	1	2	—	—
<b>NON-PULMONARY</b>					
M	2	1	1	—	2
F	2	2	1	1	2
Children	8	2	4	—	6
<b>Total</b>	<b>54</b>	<b>130</b>	<b>89</b>	<b>32</b>	<b>63</b>













## SECTION G.

## CONTAGIOUS DISEASES (ANIMALS) ACTS.

The total number of inspections made during the year under the above Act was 73 and the following statement gives the particulars of the action under the Acts and Orders made by the Minister of Agriculture and Fisheries.

No cases of Foot and Mouth Disease were reported during the year but the County Borough was included in an Infected Area owing to an outbreak at West Tilbury. A total of 370 Licences were issued for the movement of animals into the Borough for slaughter during the last two months of the year.

*Swine Fever Order, 1908.*—Three suspected cases of Swine Fever were notified during the year and the existence of the disease was confirmed in each case.

*Parasitic Mange Orders, 1911-19.* — One case of Parasitic Mange was reported during the year.

*Tuberculosis Order, 1925.* Four cows at three of the Dairy Farms in the Borough were notified as suspected to be suffering from Tuberculosis, one as having an induration of the udder and three as suffering from chronic cough diagnosed clinically to be due to Tuberculosis of the lungs. The animals which were valued at £14, £12, £20, and £16 respectively, were slaughtered in accordance with the Order; two were found to be suffering from "Tuberculosis not being advanced" and two were found to be suffering from "Tuberculosis being advanced," as defined in the Order, the udder being on naked eye examination found to be infected in one case only. A total sum of £29 10s. 0d. was paid in compensation to the owners of the animals, the nett cost to the Corporation, after allowing for salvage and the refund from the Ministry of Agriculture and Fisheries, being £12 15s. 6d.

*Sheep Double Dipping Order, 1920.* — Three hundred and thirteen sheep and lambs were double dipped during the year as required by the above Order.

*Anthrax.*—One case of Anthrax was notified during the year, the usual requirements of the Anthrax Order were carried out and the carcase of the animal was disposed of by burial in lime.

*Rat and Mice Destruction Act, 1919.*—Sixty complaints were received and dealt with during the year. During the official Rat Week the usual crusade was carried out, and in addition to those destroyed by poison, some 557 rats were accounted for by the use of dogs, ferrets, traps, etc. Three hundred and twenty-three visits were made during the year in administering the Act.



*Destructive Insects and Pests Acts.* — In nine instances during the past year notification was received that apple trees on smallholdings in the Borough were affected with the Apple Capsid Bug. The usual notices, pursuant to the Apple Capsid (Essex) Order were served on the Growers, and steps have been taken by pruning, spraying, etc., to keep the parasite under control.

## SECTION H.

### MENTAL DEFICIENCY ACTS.

At the end of the year, there were 311 defectives on the register, 161 of whom were males and 150 of whom were females. There was a total increase of 10 as compared with the previous year, the males increasing by 14 and the females decreasing by 4.

*Institutional Care.*—On December 31st, defectives were being maintained in Institutions as under :—

#### (a) By the Mental Deficiency Committee:

	Males.	Females.	Total.
Royal Eastern Counties' Institution ...	28	30	58
Besford Court Certified Institution ...	3	—	3
Royal Earlswood Institution ... ..	4	3	7
St. Teresa's (Lewisham) Certified Institution .. .. .	—	2	2
Hortham Training Colony ... ..	—	6	6
St. Joseph's Certified Institution (Sheffield) ... ..	—	1	1
Princess Christian Farm Colony (Hildenborough) ... ..	3	—	3
St. Raphael's Certified Institution, (Barvin Park). ... ..	1	—	1
Southend Municipal Hospital. ... ..	3	4	7
Rochford House, Public Assistance Institution. ... ..	1	6	7
Total	43	52	95

#### (b) By the State.

Rampton State Institution. ... ..	2	—	2
-----------------------------------	---	---	---

#### (c) By Relatives and Others.

Royal Eastern Counties' Institution.	2	3	5
Royal Earlswood. ... ..	1	—	1
Mutual Sanatoria, Billericay. ... ..	1	—	1

Institutional care was provided during the year at the Royal Eastern Counties' Institution for five patients (2 Males, 3 Females) and in addition the liability for the maintenance of one male patient was accepted from the Essex County Council. Four male patients were admitted to other Certified Institutions, *viz.*, two to the Princess Christian's Farm Colony at Hildenborough,



one to Besford Court and one to Barvin Park. One male patient was transferred from Hortham Training Colony to Princess Christian's Farm Colony, whilst a female patient at Hortham was discharged on the lapsing of the Order made by the Judicial Authority.

Three male patients were at the end of the year on licence from Certified Institutions, whilst one female patient was on licence from the Rampton State Institution.

The difficulties experienced in finding vacancies in Certified Institutions were even greater than in previous years. The attention of the Essex County Council has been again called to the difficult position which confronts the Town Council as a result of the County Mental Deficiency Committee's failure to carry out on completion of the Extension Scheme of the Joint Councils of the Eastern Counties at the Royal Eastern Counties' Institution their promise to permit the Corporation to rent 40 beds in the extension. The County Mental Deficiency Committee in reply promise to urge the Joint Committee of the four County Councils concerned in the extension scheme to erect an additional block at the Turner Village branch of the Royal Eastern Counties' Institution so as to enable them to redeem at long last the promise made to the Corporation many years ago.

It is to be regretted that defectives have to be provided with institutional care in Certified Institutions so far distant from their relatives as to preclude the latter's visiting them but under present circumstances there is no alternative as the Council has to accept vacancies wherever obtainable.

The total cost of the institutional care of defectives during the year was £5,804.

#### *Guardianship.*

Two male defectives and one female defective were under Guardianship; one female who became unsuitable for guardianship was admitted to the Royal Eastern Counties' Institution, and one elderly female defective was discharged from Guardianship, being admitted to the Public Assistance Institution upon the resignation of her Guardian. One additional female defective was placed under guardianship during the year. The Committee is contributing towards the cost of maintenance of each defective who is under guardianship, the expenditure on this item during the year being £110 15s. 0d.

#### *Supervision.*

On January 1st, 1938, there were 69 males and 51 females under statutory supervision, a decrease of 3 and 6 respectively in the numbers of males and females. An additional 61 defectives (32 males, and 29 females) were under voluntary supervision. The Officers of the Committee made 948 visits to defectives under supervision and a further 94 to other defectives on behalf of various local authorities,

## SECTION I.

## BLIND PERSONS ACT, 1920.

*Register of Blind Persons.*—The following table shows the number of blind persons on the Register at the beginning and at the end of the year respectively :—

	<u>REGISTER A.</u> Persons living in their own homes in County Borough			<u>REGISTER B.</u> Ordinarily Resident in Borough but temporarily in Institutions and Homes Outside			<u>TOTAL</u>  on Reg- isters A. & B.
	M.	F.	Total	M.	F.	Total	
Number on Register on 1st January, 1937 ... ..	91	98	189	4	8	12	201
Number no longer Blind ...	1	—	1	—	—	—	1
Died during the year ...	7	7	14	1	1	2	16
Left Borough during the year	5	6	11	—	—	—	11
Newly Registered during the year ... ..	8	15	23	—	—	—	23
Removed from other areas...	8	7	15	—	—	—	15
Number on Register on 31st December, 1937 ...	94	107	201	3	7	10	211

*Register C.*—Temporarily Resident in a Blind Home in the County Borough, although ordinarily resident in other areas :—

Number on Register on 1st January, 1937 ..	...	37
Died during the year ... ..	...	1
Left Borough ... ..	...	3
Removed from other areas ... ..	...	7
On Register on 31st December, 1937 ... ..	...	40

*Home Visitor.*—The number of visits paid during the year was 1,700. The number of lessons given was 56, all in embossed type, of which 49 were Braille lessons to five blind persons and seven were Moon type lessons to two blind persons.

*Technical Training.*—Two blind persons, one male and one female, continue to receive training in basket making and circular machine knitting respectively at the School for the Blind at Swiss Cottage.

*Home Workers.*—The number of Approved Home Workers at the end of the year was eight. Three were engaged in hand-knitting, two in chair-caning, one in boot-repairing, one in basket-making, and one in piano-tuning. This number is two less than at the end of 1936.



*Institutional Care.*—Two aged blind persons, one male and one female, are being maintained in Homes for the Blind, and one male is being maintained at the Rochford Poor Law Institution.

*Tram Passes.*—The number of blind persons at the end of the year who held tram passes issued by the Transport Committee on the recommendation of the Statutory Committee, was 14.

*Chair Passes.*—The Entertainments and Parks Committee, on application by the Blind Persons Act Committee, granted free use of the deck chairs on the cliffs and promenades, except during the months of July and August, to local blind persons. Ninety passes were issued to blind persons who were able and desirous of availing themselves of the facilities offered, and they were much appreciated by the recipients.

*Periodicals.*—Magazines and periodicals in braille and moon type were supplied to 21 readers during the year at the expense of the Statutory Committee.

*Library.*—At the end of the year there were 36 blind readers of books obtained from the National Library for the Blind, 32 receiving books direct and four receiving books through the Corporation's Public Library.

*Wireless.*—During the year 18 Certificates of Blindness were issued under the Wireless Telegraphy (Blind Persons Facilities) Act, 1926. The British "Wireless for the Blind" Fund allocated during the year 14 wireless sets for the use of local blind persons; all were loud speaker sets, 13 being all-mains type and one battery type. The Southend and District Radio Society continue to supervise the wireless sets of blind persons and have paid 71 visits to 34 sets. Twelve sets were installed by the Radio Society and the local branch of Toc H assisted the Society by installing a further four sets. This is a service of inestimable value to the blind and is much appreciated by the blind people themselves and those responsible for their welfare.

*Maintenance of Unemployable Blind.* — During the year maintenance allowances totalling £2,113 18s. 0d. were made pursuant to the Regulations made by the Council in 1933 to unemployable and other necessitous blind persons, the number of individuals who thus received assistance being 60, 69, 66 and 69 in each of the four quarters respectively. The Council provided in the estimates a sum of £2,100 as a grant to the Voluntary Fund towards payments of maintenance allowances and also £24 10s. 0d. for the payment of 5/- to each of 98 blind persons as a special Coronation grant.

The General Section of the Fund, which is utilised in organizing entertainments for the blind, the annual Summer Outing, and making grants for various purposes, such as



surgical appliances, maintenance of wireless sets, etc., was augmented by £219 9s. 2d., being the proceeds of a Street Collection on July 17th which was organized by Mrs. Councillor Broom, and by £86 2s. 6d., being the proceeds of various entertainments held in aid of the Fund, donations, grants, etc.

The financial statement for the year\* 1937 of the Voluntary Fund, which is a registered Blind Charity, has been audited by the Borough Treasurer and is as follows:—

### RECEIPTS.

#### CURRENT ACCOUNT.

##### Maintenance Section.

	£	s.	d.	£	s.	d.
Balance in hand on 1st January, 1937	530	2	9			
Grants from Town Council—						
for payment of weekly allow-						
ances to Blind Persons ... ..	1,600	0	0			
for payment of Coronation Grants	24	10	0			
Payments by relatives of Blind Persons	25	5	0	2,179	17	9

##### General Section.

Balance in hand on 1st January 1937.	12	9	
Grants—from S.F. & L.C.A.B. ...	15	3	0
,, Sir Beachcroft Towse			
Ex-service Fund for			
Mr. B. Weston. ...	3	0	0

##### Donations—

Proceeds of Flag Day per Mrs. Coun.			
Broom ... ..	219	9	2
,, Band Performances—			
Westcliff Mission Silver			
Band ... ..	12	15	1
,, Whist Drives—per Mrs.			
Loveday ... ..	13	4	0
Proportion 75% of amount collected			
in Shoeburyness by the N.I.B.	4	13	5
Part Proceeds of Dance—Granada,			
Walthamstow, per Geo. Watson			
Esq. ... ..	1	1	0
Part proceeds of Whist Drive—			
Belfairs Golf Club, Ladies Section	1	1	0
Proceeds of Whist Drive, per Mrs.			
Bonella ... ..	15	0	
Per H. W. R. Flint, Esq. ... ..	11	9	3
,, Mr. Councillor Lockyer. ...	5	5	0
,, Mr. Councillor Bray ... ..	5	0	0
,, Capt. Agnew and G. Rose, Esq.	4	5	9
Rotary Club of Southend-on-Sea	5	0	0
G. Talbot Esq. ... ..	2	0	0
F. Phillips Esq. ... ..	1	0	0
Miss M. Fager ... ..	10	0	

Transferred from Deposit Account ...

306 4 5

52 1 8

£2,538 3 10

#### DEPOSIT ACCOUNT.

Balance in Bank on 1st January, 1937	51	19	5
Interest up to 25/3/37 ... ..	2	3	

52 1 8

£2,590 5 6

## PAYMENTS.

*Maintenance Section.*

	£	s.	d.	£	s.	d.
Weekly Allowances to Blind Persons	2,113	18	0			
Coronation Grants .. .. .	24	10	0			
Proportion of Fidelity Guarantees ...	1	5	10			
Balance in hand on 31st Dec., 1937 :—						
Cash at Bank .. .. .	39	18	2			
Cash in hands of Treasurer ...		5	9			
				2,179	17	9

*General Section.*

Weekly Allowances to Blind Persons	14	0	0			
Grants to Blind Persons .. .. .	13	14	5½			
Grant to Mr. B. Weston .. .. .	3	0	0			
Grants for Christmas .. .. .	26	10	0			
Grants to Southend Radio Society for maintenance of Wireless Sets ...	5	0	0			
Expenses of Summer Outing ... ..	48	13	0			
,,     ,,   Socials .. .. .	25	4	2			
,,     ,,   Band Performances ...	2	4	0			
Printing Postcards .. .. .	16	0				
Insurance of Home Visitor (Cash in Transit) .. .. .	3	5				
Proportion of Fidelity Guarantees ...	1	0				
Cheque Book .. .. .	10	0				
				139	16	0½
Balance in hand on 31st Dec., 1937 :—						
Cash at Bank .. .. .	218	5	3			
Cash in hands of Treasurer ... ..		4	9½			
				218	10	0½

2,538 3 10

## DEPOSIT ACCOUNT.

Transferred to Current Account ..	52	1	8
	£2,590	5	6

## SECTION J.

## MISCELLANEOUS APPENDICES.

**Births Registered in the County Borough in 1937.**

Ward	Legitimate.	Illegitimate.	Total.
Chalkwell ... .. .	49	2	51
Westborough .. .. .	89	2	91
Victoria .. .. .	40	2	42
Milton .. .. .	70	5	75
Prittlewell .. .. .	61	3	64
Pier .. .. .	62	5	67
Southchurch .. .. .	162	4	166
Thorpe .. .. .	71	—	71
Leigh .. .. .	93	3	96
St. Clements .. .. .	54	—	54
All Saints .. .. .	98	5	103
Eastwood .. .. .	400	14	414
Shoeburyness .. .. .	109	—	109
Totals ...	1,358	45	1,403

No. of Births of boys registered	...	...	704
No. of Births of girls registered	...	...	699—1403

Infants born in the Borough to non-residents :—

Males, 66. Females, 67. Total, 133.

Illegitimate Infants :—

	Males.	Females.	Total.
Born in Borough to residents	18	17	35
Born in Borough to non-residents	5	5	10

These figures, compiled from the returns of the local Registrar of Births, do not coincide with the figures supplied by the Registrar-General, *viz.* :—

	Registered.	Inward Transfers.	Outward Transfers.
Legitimate Births—			
Males	681	110	60
Females	676	126	59
Illegitimate Births—			
Males	26	19	5
Females	24	21	5

*Still Births.*—The number of still births registered in the Borough was as follows :—

	Legitimate Males.	Legitimate Females.	Illegitimate Males.	Illegitimate Females.
Occurring in Borough	23	23	3	1
Inward Transfers	3	4	1	1
Outward Transfers	5	2	1	—
Allocated to Borough	21	25	3	2

*Notification of Births Act, 1921.* — There were received during the year, 1,384 notifications and 23 duplicate notifications of births in the Borough, 34 being of still births. Eight hundred and twelve notifications were sent by doctors, 528 by midwives, and 28 by midwives but a doctor also being in attendance, and 16 by parents or other persons; in the latter cases a medical man was in attendance.

No notification was received in 35 cases, 33 of which were attended by doctors and 2 by midwives. Failure to comply with the Act occurred in 2.46% of the births, as compared with 3.01 per cent. in 1936.

Nine cases were afterwards notified.

#### Maternity and Child Welfare Scheme.

*Milk for Mothers and Children.*—The following table shows the quantity of fresh and dried milk ordered each month of the year :—



			Fresh Milk				Dried Milk			
			Quantity	Cost			Quantity	Cost		
			Pints	£	s.	d.	lbs.	£	s.	d.
January	...	...	9,519	118	19	9	153	10	16	9
February	...	...	8,574	107	3	6	235	16	12	11
March	...	...	8,639	102	13	0	258	18	8	5
April	...	...	9,135	95	3	1½	304	21	10	8
May	...	...	6,927	72	3	1½	290	20	11	0
June	...	...	6,768	70	10	0	242	17	2	10
July	...	...	7,634	79	10	5	236	16	14	4
August	...	...	5,843	60	17	3½	194	13	14	10
September	...	...	7,211	86	8	1½	221	15	14	6
October	...	...	9,123	126	7	10	293	20	15	1
November	...	...	10,566	146	7	8	303	21	9	3
December	...	...	13,492	177	11	6	256	18	2	8
Total for 1937	...	...	103,431	1,243	15	4	2,985	211	13	3
1936	...	...	78,319	907	17	1	2,401	170	1	5
1935	...	...	57,623	694	0	3	1,869	132	10	7
1934	...	...	52,111	661	19	1¼	1,676	118	14	7
1933	...	...	47,111	586	3	8	1,653	117	1	9
1932	...	...	28,606	385	9	0	1,725	122	3	9
1931	...	...	15,385	205	4	4¼	770	57	5	0
1930	...	...	7,278	99	7	7½	566	42	10	6
1929	...	...	3,301	46	6	6	394	29	11	0
1928	...	...	7,249	101	10	1	261	19	13	0
1927	...	...	10,255	139	10	5½	408	30	12	0
1926	...	...	10,235	128	13	3	307	23	0	0
1925	...	...	16,055	240	13	2½	408	30	12	6
1924	...	...	29,893½	411	15	2	1,331	99	16	6

*Meals for Expectant Mothers and for Young Children in Necessitous Cases.*—Two expectant mothers were provided with meals during 1937.

*Dental Treatment* is provided for expectant mothers and young children at the School Dental Clinic by arrangement with the Education Committee, 69 attendances being made by 37 expectant mothers, the treatment afforded being 101 extractions, 10 fillings, 2 dressings, and 4 scalings. Dentures are not provided, but necessitous mothers are assisted out of the Voluntary Fund to obtain them at reduced fees from private dental surgeons. The young children under 5 years of age who received dental treatment at the School Clinic numbered 110, the total extractions numbering 145: fillings 68 and dressings 8.

*Tonsils and Adenoids.* — Fifty-seven children under 5 received operative treatment by arrangement with the Education Committee, 22 receiving free treatment, 16 contributing £12 0s. 6d. towards the cost, whilst in 19 cases the Hospital Provident Fund made a grant of 10/- towards the cost.

*Treatment of Squint.*—Fifty-six young children attended at the Education Committee's Eye Clinic for refraction by the Specialist Ophthalmic Surgeon, and appropriate spectacles were prescribed and obtained at the cost of the parents.

*Orthopædic Treatment.*—Forty-two children under five years of age received treatment under the Education Committee's scheme, three receiving in-patient treatment for congenital shortening of the left lower limb, Talipes-equino-varus and Genu Varum respectively.

### Deaths in Institutions in 1937.

Of the 1,235 deaths which were registered as having occurred in the Borough, 257 or 20.8 per cent. occurred in Public Institutions, 224 taking place in the Southend General Hospital, 25 in the Borough Sanatorium, 6 in Nazareth House, one in Crowstone Home for the Blind, and one in the Shoeburyness Military Families Hospital. The corresponding percentages in the five previous years were 19.6, 22.7, 22.5, 10.7, and 12.1 respectively.

Of the 1,825 deaths of residents of the Borough, 856 or 40.7 per cent. took place in Public Institutions either in the Borough or elsewhere, as under :—

#### Public Institutions in the Borough :—

Southend General Hospital	...	...	...	...	159
Borough Sanatorium	...	...	...	...	23
Nazareth House	...	...	...	...	6
Military Families Hospital	...	...	...	...	1
Crowstone Home for the Blind	...	...	...	...	1
					<hr/> 190

#### Public Institutions outside the Borough :—

Southend Municipal Hospital	...	...	...	...	591
Mental Hospitals	..	...	...	...	37
London Hospitals	...	...	...	...	21
Other Hospitals	...	...	...	...	13
Tuberculosis Sanatorium	...	...	...	...	4
					<hr/> 666

The percentage, 40.7, compares with 44.5, 42.5, 45.9, 44.8, 39.6, and 37.7 respectively in the six previous years.

The number of deaths in Nursing Homes in the Borough was 78, ten of which were of persons not resident in the area.

*Inquests.* — Inquests were held by the Coroner for the Borough as to deaths of 59 persons whose deaths were registered in the Borough during the year, a percentage of 4.8 of the 1,235 deaths, as compared with a percentage of 6.0 in the previous year.

#### Suicides:—

Coal Gas Poisoning	...	..	...	...	...	8
Hanging	...	...	...	...	...	1
Shooting	...	...	...	...	...	2
Drowning	..	...	..	...	...	4
Under train	...	...	...	...	...	1
By cut throat	...	...	...	...	...	2
By electrocution	...	...	...	...	..	1
						<hr/> 19

**Accidents:—**

Lysol Poisoning	...	...	...	...	...	1
Poisoning by Medinal	...	..	...	...	...	1
„ „ Camphor	...	...	...	...	...	1
Falls	...	...	...	...	...	6
Drowning	...	..	...	...	...	6
Knocked down by pedal cycle	...	...	...	...	...	2
„ „ „ motor cycle	...	...	...	...	...	1
Collision of pedal cycle with motor vehicle	...	...	...	...	...	2
Knocked down by motor vehicle	...	...	...	...	...	6
Scalds	...	...	...	...	...	1
Burns	...	...	..	...	...	4
						<hr/> 31

**Open Verdicts:—**

Inattention at Birth	...	...	...	...	...	2
Drowning	..	...	...	...	...	1
Found dead	...	...	...	...	...	1
						<hr/> 4
Natural Causes	...	...	...	..	...	5
						<hr/> 59

*Deaths Certified by Coroner.*—In 65 cases (or 5.2 per cent.) in which the cause of death was not certified by a medical practitioner, the deaths were registered on the Coroner's Certificates after Post-mortem Examinations but without inquests being held, pursuant to the Coroner's (Amendment) Act, 1926; this compares with 6.3 in 1936 and 3.4, 3.3, 2.8, 2.1 and 4.5 per cent. in each of the previous five years.

*Uncertified Deaths.*—Of the 1,235 deaths in the Borough, 38 were uncertified either by medical practitioners or by the Coroner with or without inquest, a percentage of 3.1 as compared with 2.5 in the previous year.

The causes to which the deaths were attributed were as follows:—

Diseases.	No. of deaths.
Heart Failure, Heart Disease, etc.	17
Angina Pectoris, Coronary Thrombosis	9
Arterio-Sclerosis	2
Influenza	1
Cerebral Hæmorrhage	4
Senility	3
Chronic Asthma	1
Convulsions in Toxic Scarlet Fever	1
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**Ministry of Health Tables.**  
**TABLE I.**  
**Vital Statistics of Whole District during 1937 and previous years.**

	Population estimated to middle of each year.	BIRTHS.			Total Deaths registered in the District.		Transferable Deaths.		Net Deaths belonging to the District.			
		Uncorrected Number.	Net. Number.	Rates.	Number.	Rates.	Of Non-residents registered in the district.	Of residents not registered in the district.	Under 1 year.		At all ages.	
									Number.	Rate per 1,000 Net Births.		Number.
1927	107900	1301	1379	12.8	988	9.1	62	298	62	45	1224	11.3
1928	111200	1415	1505	13.5	965	8.7	69	327	67	44	1224	11.0
1929	114600	1304	1391	12.1	1134	9.9	86	418	90	64	1466	12.7
1930	114600	1335	1477	12.9	923	8.1	82	376	60	41	1217	10.6
1931	118400	1210	1374	11.6	1084	9.1	94	483	66	48	1473	12.4
1932	120400	1159	1358	11.2	1052	8.7	85	555	73	54	1524	12.6
1933	132374	1132	1347	10.8	1139	9.1	124	544	57	42	1559	12.5
1934	133400	1323	1502	11.3	1176	8.8	122	597	73	48	1651	12.4
1935	134900	1338	1499	11.1	1201	8.9	118	547	61	41	1630	12.1
1936	136100	1382	1548	11.4	1154	8.4	133	568	70	45	1589	11.6
1937	137400	1407	1554	11.3	1235	8.9	121	711	72	46	1825	13.3

<b>Area of District in acres</b> land and inland water	}	<b>10,333.</b> <b>Total Population at all ages, at Census 1931—120,093.</b>
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TABLE II. Cases of Infectious Disease Notified during the Year 1937.

Notifiable Disease	No. of cases notified												Total cases notified in each Ward												Total Cases Re-moved to Hospital			
	At all ages	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & upwards	Chalkwell	Westborough	Milton	Victoria	Pier	Prittlewell	Southchurch	Thorpe	Leigh	St. Clements	Shoeburyness		Eastwood	All Saints	
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cholera, Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria— (including Mem- branous Croup)	93	—	—	3	9	6	33	23	9	8	2	—	—	3	8	6	5	23	—	—	17	7	2	5	6	3	8	93
Erysipelas ...	36	1	—	—	—	—	—	—	3	8	5	13	—	1	4	3	2	2	5	5	3	2	1	1	9	1	11	
Scarlet Fever ...	301	1	7	7	10	14	143	70	12	22	11	4	—	8	11	14	12	24	12	50	47	19	24	10	34	36	167	
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fevers:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhoid ...	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	
Paratyphoid	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
*Puerperal Fever	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cerebro-spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningitis ...	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Ac. Anterior	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Poliomyelitis	4	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Neonatorum	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Pneumonia ...	218	19	7	7	9	7	18	10	5	21	23	52	40	19	15	15	27	12	17	24	14	12	6	7	27	23	60	
Trench Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery ...	46	—	1	—	3	1	13	4	4	9	5	4	2	3	1	7	1	3	6	1	4	—	7	—	9	4	16	
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Polio	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

\* Cases notified up to 30th September. Disease not notifiable as from 1st October 1937.

TABLE III.

Causes of and Ages at Death during the year 1937.

CAUSES OF DEATH	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the district											
	All ages	0-1	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & up-wards
Enteric Fever ...	3	—	—	—	—	1	—	—	—	—	1	1
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	2	—	—	1	—	—	—	1	—	—	—	—
Whooping Cough ...	5	—	3	2	—	—	—	—	—	—	—	—
Diphtheria ...	4	—	—	1	2	1	—	—	—	—	—	—
Influenza ...	68	1	—	—	—	3	1	2	10	9	23	19
Encephalitis Lethargica ...	3	—	—	—	—	—	1	—	—	2	—	—
Cerebro-spinal Fever	3	1	—	—	—	2	—	—	—	—	—	—
Tuberculosis of respiratory system	76	—	—	1	—	9	22	18	11	12	3	—
Other Tuberculous Diseases ...	7	4	—	1	—	1	—	1	—	—	—	—
Syphilis ...	8	1	—	—	—	—	—	—	2	1	4	—
General paralysis of the insane, tabes dorsalis ...	5	—	—	—	—	—	—	1	1	3	—	—
Cancer, malignant disease ...	272	—	—	—	1	2	2	16	43	57	98	53
Diabetes ...	26	—	—	—	—	—	—	—	—	9	11	6
Cerebral Haemorrhage, etc. ...	126	—	—	—	—	—	—	1	6	23	48	48
Heart Disease ...	496	—	—	—	—	4	3	6	26	73	144	240
Aneurysm ...	4	—	—	—	—	—	1	—	1	—	1	1
Other circulatory diseases ...	91	—	—	—	—	—	—	1	6	15	27	42
Bronchitis ...	43	—	—	—	—	1	—	—	2	4	8	28
Pneumonia (all forms)	109	12	3	5	2	1	1	6	13	21	23	22
Other respiratory diseases ...	15	—	—	—	—	—	2	—	7	2	2	2
Peptic Ulcer ...	17	—	—	—	—	—	—	—	3	6	3	5
Diarrhoea, etc. ...	17	9	—	—	—	—	—	1	1	3	1	2
Appendicitis ...	6	—	—	—	—	—	1	1	2	2	—	—
Cirrhosis of Liver ...	8	—	—	—	—	—	—	1	2	—	2	3
Other diseases of Liver, etc. ...	10	—	—	—	—	—	—	3	2	—	4	1
Other digestive diseases ...	31	—	—	—	3	—	3	3	7	6	6	3
Acute and chronic Nephritis ...	47	—	—	—	1	3	1	2	6	8	15	11
Puerperal Sepsis ...	1	—	—	—	—	—	1	—	—	—	—	—
Other puerperal causes	6	—	—	—	—	2	2	2	—	—	—	—
Congenital debility, premature birth, malformation, etc.	36	35	—	—	—	—	—	1	—	—	—	—
Senility ...	37	—	—	—	—	—	—	—	—	—	4	33
Suicide ...	19	—	—	—	—	3	2	4	4	4	1	1
Other violence ...	61	2	2	2	3	4	1	2	5	6	12	22
Other defined diseases	158	6	1	—	1	7	9	16	17	32	34	35
Causes ill-defined or unknown ...	5	1	—	—	—	—	—	—	—	2	—	2
Totals ...	1825	72	9	13	13	44	53	89	177	300	475	580



TABLE IV.

Net deaths from Stated Causes at various ages under One Year of age.

CAUSES OF DEATH	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 Weeks and under 3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year
All causes Certified ... ..	25	2	1	—	28	14	9	5	6	62
Uncertified ... ..	—	—	—	—	—	—	—	—	—	—
Inquest ... ..	2	—	—	—	2	—	—	—	—	2
After P.M. without Inquest ...	1	—	—	—	1	3	2	—	—	6
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—
Chicken-pox ... ..	—	—	—	—	—	—	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—
German Measles ... ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup ... ..	—	—	—	—	—	—	—	—	—	—
Influenza ... ..	—	—	—	—	—	—	—	—	1	1
Erysipelas ... ..	—	—	—	—	—	1	—	—	—	1
Meningococcal Meningitis ...	—	—	—	—	—	—	1	—	—	1
Meningitis ... ..	—	—	—	—	—	—	1	—	—	1
Tuberculous Meningitis ... ..	—	—	—	—	—	—	—	2	2	4
Abdominal Tuberculosis ... ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases...	—	—	—	—	—	—	—	—	—	—
Convulsions ... ..	—	—	—	—	—	—	—	—	—	—
Laryngitis ... ..	—	—	—	—	—	—	—	—	—	—
Bronchitis ... ..	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) ... ..	—	—	—	—	—	4	5	1	2	12
Diarrhoea and Enteritis ... ..	—	—	—	—	—	4	3	1	1	9
Gastritis ... ..	—	—	—	—	—	—	—	—	—	—
Syphilis ... ..	—	—	—	—	—	1	—	—	—	1
Injury at Birth ... ..	1	—	—	—	1	—	—	—	—	1
Suffocation, Accidental ... ..	—	—	—	—	—	—	—	—	—	—
Inattention at Birth ... ..	2	—	—	—	2	—	—	—	—	2
Atelectasis ... ..	2	—	—	—	2	—	—	—	—	2
Congenital Malformation ... ..	—	1	1	—	2	—	—	1	—	3
Premature Birth ... ..	20	1	—	—	21	—	—	—	—	21
Atrophy, Debility and Marasmus ... ..	2	—	—	—	2	5	—	—	—	7
Icterus Neonatorum ... ..	—	—	—	—	—	—	—	—	—	—
Other causes ... ..	1	—	—	—	1	2	1	—	—	4
Totals ... ..	28	2	1	—	31	17	11	5	6	70*

Net Births in the Year	Legitimate ... ..	1,474
	Illegitimate ... ..	80
Net Deaths in the Year	Legitimate ... ..	61
	Illegitimate ... ..	9

\* The Registrar General gives 72 as the number of infantile deaths.

## Meteorological Tables.

## MAXIMUM THERMOMETER, 1937.

Month	Mean Deg.	Highest Deg.	Date	Lowest Deg.	Date
January ...	46.6	53.0	6th	34.0	29th
February ...	48.1	54.0	15th	43.0	13th
March ...	46.4	58.0	20th	36.0	7th
April ...	54.1	61.0	22nd	46.0	29th
May ...	62.4	80.0	30th	51.0	8th
June ...	66.6	78.0	6th & 28th	61.0	18th & 24th
July ...	71.3	81.0	3rd	64.0	9th & 31st
August ...	73.1	83.0	7th	67.0	15th & 21st
September ...	68.6	81.0	6th	57.0	19th
October ...	59.9	66.0	1st, 2nd, 16th	52.0	13th
November ...	48.5	59.0	2nd	40.0	20th & 25th
December	41.9	55.0	23rd	35.0	19th

## MINIMUM THERMOMETER, 1937.

Month	Mean Deg.	Highest Deg.	Date	Lowest Deg.	Date
January ...	37.1	45.0	24th	29.0	30th
February ...	38.4	46.0	4th & 16th	30.0	12th
March ...	35.1	44.0	18th	29.0	10th
April ...	42.9	50.0	10th	34.0	1st
May ...	48.6	60.0	26th	40.0	1st
June ...	52.9	60.0	7th	46.0	18th
July ...	57.1	64.0	13th	50.0	8th
August ...	58.1	67.0	7th	51.0	16th
September ...	52.2	62.0	3rd & 7th	43.0	21st
October ...	48.3	55.0	3rd & 8th	40.0	19th & 21st
November ...	38.6	51.0	1st	30.0	14th & 22nd
December ...	34.4	46.0	1st	26.0	15th

## RAINFALL, 1937.

Month				Total Rainfall Inches	Quarterly Rainfall	Highest Rainfall in 24 hours Inches	Date
January	...	...	...	3.67	9.67	0.47	1st & 24th
February	...	...	...	3.41		0.81	7th
March	...	...	...	2.59		0.47	6th
April	...	...	...	2.81		0.45	9th
May	...	...	...	3.13	9.22	0.82	19th
June	...	...	...	3.28		0.60	22nd
July	...	...	...	1.53		1.18	15th
August	...	...	...	1.03		0.54	14th
September	...	...	...	1.28	3.84	0.21	12th
October	...	...	...	1.14		0.61	22nd
November	...	...	...	1.78		0.88	1st
December	...	...	...	3.68		1.00	8th



# WIND, 1937.

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Month	N.	N.N.E.	N.E.	E.N.E.	E.	E.S.E.	S.E.	S.S.E.	S.	S.S.W.	S.W.	W.S.W.	W.	W.N.W.	N.W.	N.N.W.
January ...	1	—	3	—	1	—	6	5	1	4	—	5	2	1	—	2
February ...	—	—	—	—	—	1	3	1	2	1	9	1	5	4	1	—
March ...	1	5	4	—	2	1	2	2	2	2	1	1	2	—	5	1
April ...	—	1	7	1	—	2	2	1	—	—	5	1	1	1	5	3
May ...	1	3	4	2	1	1	4	1	1	1	4	2	2	1	2	1
June ...	1	1	4	—	—	—	1	—	1	1	11	3	—	2	5	—
July ...	—	3	1	—	—	2	3	—	2	—	8	2	4	2	2	1
August ...	—	4	2	—	1	1	2	3	1	—	4	3	2	1	3	3
September ...	1	1	1	—	—	1	4	1	—	1	7	2	2	1	6	2
October ...	3	6	2	1	1	1	1	3	2	1	2	—	3	—	2	2
November ...	—	1	3	1	3	2	2	—	—	—	2	—	4	2	6	1
December ...	3	—	5	—	—	—	2	—	4	1	2	—	1	3	4	6

TABLE SHOWING NUMBER OF HOURS OF SUNSHINE  
IN EACH MONTH DURING THE LAST TEN YEARS.

Month	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
January ...	61.30	39.24	44.42	58.0	52.9	35.2	54.0	66.1	39.3	49.6
February ...	105.0	69.12	69.54	67.1	79.1	91.6	83.9	57.3	94.5	76.2
March ...	111.42	168.48	136.18	164.2	144.7	186.7	131.1	115.4	101.1	129.8
April ...	152.24	172.18	124.54	122.3	148.3	153.3	128.9	148.5	146.2	93.3
May ...	214.30	267.18	188.12	192.3	143.4	186.7	232.3	223.3	213.5	166.1
June ...	237.12	216.12	256.6	221.6	223.8	250.0	220.8	225.0	230.7	199.3
July ...	312.6	260.48	194.48	182.0	161.3	236.8	285.2	306.5	177.8	142.3
August ...	215.30	208.18	239.36	165.2	216.1	260.9	197.4	242.2	177.4	201.9
September ...	239.48	216.0	133.12	140.1	108.1	176.2	197.4	169.6	111.6	166.7
October ...	120.36	132.42	143.0	122.9	98.6	89.05	76.9	118.6	120.3	88.9
November ...	56.0	63.42	75.30	61.0	47.1	41.9	43.6	62.7	46.2	81.1
December ...	55.48	59.54	37.0	36.8	51.8	35.0	19.5	39.0	73.9	26.9
Totals ...	1883.6	1874.36	1643.12	1533.5	1475.2	1743.35	1671.0	1774.2	1532.5	1422.1

## TOTAL RAINFALL IN PAST YEARS.

1894	...	...	24.94 inches.	Rain fell on 193 days.
1895	...	...	19.38 "	" " " 145 "
1896	...	...	21.74 "	" " " 141 "
1897	...	...	21.23 "	" " " 125 "
1898	...	...	15.76 "	" " " 99 "
1899	...	...	22.38 "	" " " 128 "
1900	...	...	20.5 "	" " " 143 "
1901	...	...	14.83 "	" " " 107 "
1902	...	...	18.51 "	" " " 134 "
1903	...	...	31.66 "	" " " 171 "
1904	...	...	18.76 "	" " " 130 "
1905	...	...	17.89 "	" " " 150 "
1906	...	...	23.21 "	" " " 149 "
1907	..	...	19.98 "	" " " 173 "
1908	...	...	18.68 "	" " " 130 "
1909	..	...	25.77 "	" " " 154 "
1910	...	...	22.51 "	" " " 174 "
1911	...	...	19.08 "	" " " 140 "
1912	...	...	20.23 "	" " " 176 "
1913	...	...	18.93 "	" " " 145 "
1914	...	...	18.73 "	" " " 136 "
1915	...	...	24.55 "	" " " 140 "
1916	...	...	17.65 "	" " " 155 "
1817	...	...	22.04 "	" " " 154 "
1918	...	...	21.83 "	" " " 183 "
1919	...	...	20.92 "	" " " 162 "
1920	...	...	18.83 "	" " " 160 "
1921	...	...	16.84 "	" " " 109 "
1922	...	...	19.10 "	" " " 163 "
1923	...	...	20.70 "	" " " 196 "
1924	...	...	25.07 "	" " " 194 "
1925	...	...	21.33 "	" " " 178 "
1926	..	...	22.36 "	" " " 151 "
1927	...	...	22.73 "	" " " 189 "
1928	...	...	23.5 "	" " " 191 "
1929	...	...	16.05 "	" " " 145 "
1930	...	...	21.49 "	" " " 182 "
1931	...	...	19.32 "	" " " 176 "
1932	...	...	17.83 "	" " " 172 "
1933	...	...	15.64 "	" " " 153 "
1934	...	...	15.77 "	" " " 150 "
1935	...	...	21.58 "	" " " 172 "
1936	...	...	21.27 "	" " " 180 "
1937	...	...	29.33 "	" " " 169 "





Annual Report

OF THE

MEDICAL SUPERINTENDENT

OF THE

SOUTHEND

MUNICIPAL HOSPITAL

AT

ROCHFORD

FOR THE YEAR 1937

## SECTION I.

## STAFF.

WHOLE TIME MEDICAL STAFF — *Resident.*

<i>Medical Superintendent</i> ...	SAMUEL CIEMAN, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
<i>Deputy Medical Superintendent</i> ...	NORMAN E. PITT, M.B., B.S., B.Sc., F.R.C.S. (Eng.)
<i>Assistant Medical Officers—</i>	
<i>Grade I</i> ...	ALAN J. MATHESON, M.B., B.Ch.
<i>Grade II</i> ...	JOHN L. STUART, M.R.C.S., L.R.C.P.
	WALTER R. RUSSELL, M.R.C.S., L.R.C.P.

## VISITING MEDICAL STAFF.

<i>Consulting Physician</i> ...	R. SLEIGH JOHNSON, M.D., M.R.C.P., D.P.H.
<i>Consulting Surgeons</i> ...	DONALD BARLOW, M.S., F.R.C.S. (Eng.). ROBT. H. CAMPBELL, F.R.C.S., (Eng.). RODNEY MAINGOT, F.R.C.S. (Eng.).
<i>Consulting Gynæcologists and Obstetricians</i> ...	*ALECK BOURNE, F.R.C.S. (Eng.). J. LYLE CAMERON, F.R.C.S., (Eng.).
<i>Consulting Orthopædic and Fracture Surgeon</i> ...	B. WHITCHURCH HOWELL, F.R.C.S. (Eng.).
<i>Consulting Radiologist</i> ...	G. WHITE PHILLIPS, M.D., D.M.R.E.
<i>Consulting Ophthalmic Surgeon</i> ...	*DANIEL D. EVANS, M.C., M.A., M.B., B.Ch., D.O.M.S., M.R.C.S. (Eng.)
<i>Consulting Ear, Nose and Throat Surgeon</i> ...	*C. HAMBLÉN THOMAS, F.R.C.S. (Eng.).
<i>Consulting Neurologist</i> ...	*T. ROWLAND HILL, M.D., M.R.C.P.
<i>Consulting Pædiatrician</i> ...	*J. N. O'REILLY, B.M., M.R.C.P.
<i>Consulting Psychiatrist</i> ...	*ROLF STRÖM-OLSEN, M.D.
<i>Consulting Anæsthetist</i> ...	*J. H. T. CHALLIS, M.R.C.S., (Eng.), L.R.C.P. (Lond.).
<i>Tuberculosis Officer</i> ...	GEORGE N. MEACHEN, M.D., M.R.C.P.

The foregoing Specialists are available at regular sessions excepting those whose names are marked with an asterisk, who attend on special occasions when their services are required.

The Consultant Staff scheme as prepared by the Medical Officer of Health and approved by the Health Committee, has been in operation for over a year in the case of certain members of the Visiting Staff, and since January 1st, 1937, for all the aforementioned Consultants.

The services of the Consultant Staff have proved a distinct asset to the Hospital. Whilst the standard of the work done from year to year has steadily improved, the year under review has witnessed a decided advance in method and technique of diagnosis and treatment. The scope of the work has been enlarged and there has been a definite increase in the proportion of operations of major magnitude. The advance in this direction has been limited only by the pressure on the accommodation, which has been most conspicuous in the gynæcological department (25 beds). Had the beds been available, a larger number of specialist gynæcological cases could have been treated.

The availability of the services of one of the Consulting Surgeons has led to the establishment of a thoracic surgery clinic, and permits me to offer treatment to cases which would either have to be sent elsewhere or be considered hopeless.

With regard to the fracture and orthopædic service, specialist opinion and operative work have been most useful and advantageous in respect of the orthopædic cases and problems. Also, some measure of continuity has been achieved in connection with such fracture cases as may be interchanged between the appropriate department of this Hospital and the Fracture Clinic of the Southend General Hospital.

The opinion and advice of the Consulting Physician have been invaluable in the treatment of both patients and staff, and his services in connection with cases proposed for operative treatment have been solicited by the Consultants concerned. The Consulting Radiologist has rendered himself indispensable to the work of the Hospital. Two sessions per week are the minimum as in the vast majority of cases both the Consultant Staff and the Resident Medical Officers must await the Radiologist's report before deciding upon and proceeding with the appropriate course of treatment.

The initiation of and the working of the Visiting Staff scheme have naturally been not unattended with certain difficulties as to special instruments, apparatus and equipment and as to staff, both medical and nursing. The difficulties in connection with the former are being successfully surmounted. With regard to the Resident Medical Staff, the time is fast approaching when an additional Medical Officer will be required to enable me to give the Consultant Staff the assistance to which they are accustomed; to facilitate the work of the theatre, the personnel of which is constantly below the authorised number and is frequently overwhelmed by the non-existence of a duplicate operating room; to cope satisfactorily with the Consultant's and the Ward work and to give the Hospital a fuller and more expeditious medical service. The Matron's increasing difficulty in obtaining staff renders it frequently impossible to have sufficient senior nurses available when the Consultants see cases in the Ward.

## NURSING STAFF.

*Matron* — Miss Alice Street.

Actual permanent resident staff on 31st December, 1937 ...										119
Assistant Matrons ... 2				Ward Sisters ... ..				12		
Administrative Sisters ... 2				Night Sisters ... ..				2		
Night Superintendent ... 1				Staff Midwives ... ..				3		
Sister Tutor ... .. 1				Theatre Staff Nurse ... ..				1		
Departmental Sister				Staff Nurses ... ..				9		
(Theatre) ... .. Vacant				Probationer Nurses ... ..				86		



## Non-Resident staff as on 31st December, 1937 ... 32

Male Nurses, Grade I	...	2	Male Mental Charge Nurses	2					
Male Nurses, Grade II	...	4	Male Mental Nurses	... 6					
Theatre Orderly	...	...	1	Female Mental Charge					
Massage Sister	...	...	...	1	Nurses	...	...	...	5
Masseuse	...	...	...	1	Female Mental Nurses	...	10		

Authorised :			1937		1936
Resident	...	...	136	...	132
Non-Resident	...	...	36	...	38
		<i>Total</i>	172	...	170

## On duty on December 31st :

Resident	...	...	119	...	116
Non-Resident	...	...	32	...	32
			<hr/>		<hr/>
			151	...	148
			<hr/>		<hr/>

## Average annual complement :

Resident	...	...	110.3	...	105.7
Non-Resident	...	...	33.7	...	35.1
			<hr/>		<hr/>
			144.0	...	140.8
			<hr/>		<hr/>

*Other Staff — Non-Resident :*

<i>Chaplains</i>	...	Ven. Archdeacon Ellis N. Gowing.
		Father V. Hemming.
		Rev. A. Jones.
<i>Pharmacist</i>	...	... W. Swallow, M.P.S.
<i>Radiographer</i>	...	W. H. Williams, M.S.R.
<i>Assistant Dispenser</i>	...	... A. C. Ricks
<i>Matron's Secretary</i>	...	... Miss G. Fardon

It is with regret that I have to record the resignation of the Matron, Miss Florence A. Campbell, to whom the Hospital is deeply indebted for the efficient and self-sacrificing manner in which she dealt with the exceptionally difficult administrative nursing problems of the Hospital and for her untiring efforts to further the comfort and happiness of the sick. On the departure of Miss Campbell on 21st August, 1937, to take up duties as Matron at the London County Council Post-Graduate Hospital, Hammersmith, Miss Alice Street, First Assistant Matron, was promoted to the post of Matron.

Miss D. M. Hoare who was appointed Second Assistant Matron in March, 1932, was promoted to be First Assistant Matron in succession to Miss Alice Street, and Miss Agnes Harris, previously Housekeeping Sister at the Chelmsford and District Hospital was appointed to the Second Assistant Matronship. When the Home Sister's post became vacant Miss

A. M. Fryer was appointed to fill the vacancy. Miss E. K. Robinson, who had been Ward Sister since September, 1932, was promoted to the post of Night Superintendent.

Inasmuch as there are times when St. Clement's Ward (Male chronic and Genito-Urinary) is served by only one Male Nurse and inasmuch as the duties devolving upon the Male Nurses in the remaining Male Wards of the Hospital have increased considerably, the Male Nursing personnel has been augmented by one Male Nurse, Grade II.

The difficulties experienced in obtaining and retaining staff of all grades, especially Staff-Midwives, Staff Nurses, and Probationers, are reflected in the ever increasing resort to temporary Nurses. During 1937, 45 temporary trained nurses were engaged for a total period of 356 weeks.

#### *Accommodation for Nursing Staff.*

To relieve the overcrowding at "Acacia House," "White House," "Manton" and "Brienz," and to reduce to a minimum the number of nurses accommodated in private houses, 3 houses in Somerset Avenue, Rochford, have been rented and suitably furnished and are now occupied by 19 Probationers, 2 Ward Sisters, Home Sister and 2 Maids. Whilst the overcrowding is not so marked, the lack of adequate supervision and exercise of the proper control over Probationers scattered in a number of houses have enhanced the administrative difficulties and are an obstacle to the development of a spirit proper to a training school.

#### *Nurses' Training School.*

In December, 1926, the hospital was approved by the General Nursing Council as a complete training school for Nurses. After a preliminary three months' trial period, probationer nurses enter upon a three years' course of training, on completion of which they are required to sit for the final state examination for admission to the general part of the State Register of Nurses.

The revised rules of the General Nursing Council effective as from January 1st provide that candidates for admission to the State Register must, except in cases of a certain educational standard, pass a test educational examination, prior to entering for the preliminary examination of the Nursing Council. It has been decided to approach the Education Committee with a view to discussing the preparation of a scheme whereby intending entrants into the nursing profession may be afforded educational facilities during the period between the date of leaving school and the date of acceptance as a Probationer Nurse.

Silver Badges of an approved design and engraved with the name of the recipient and the date of the completion of training are now presented to successful Probationers without any payment being required from the recipients.



The summary of the results of the three State examinations held in 1937 is as follows :—

			Entered	Re-entered	Total	Passed	Failed
Preliminary	...	...	26	3	29	20	9
Final	...	...	15	4	19	14	5
Grand Total	...		41	7	48	34	14

Three Probationers who failed in their examination in 1936 re-entered in February, 1937, two passing at their 2nd and 3rd attempts respectively, and one being unsuccessful.

Of the 29 Probationers who sat for the Preliminary State examination 76% were successful, whilst of the 19 Probationers who were candidates for the Final State examination 73.6% passed. The corresponding percentages of successes for 1936 were 92.8% and 68.7% respectively.

The annual School examinations were held in March, 1937. A cup is awarded annually to the Probationer who in her year receives the highest marks at the School examination. Mr. R. H. Campbell, Consulting Surgeon to the Hospital, also presents a prize to the best examinee in surgery. Mr. Alderman H. A. Dowsett presented book prizes to the winners of the cups. The cups were awarded as follows :—

	Entered	Passed
3rd Year Examination—Cup presented by Miss Wood won by Nurse Ethel Hawkins ... ..	13	13
2nd Year Examination—Cup presented by Mrs. Councillor Leyland won by Nurse Nada Smith	13	11
1st Year Examination—Cup presented by the late Miss Jones won by Nurse Sylvia May Chambers	14	13
Examination in Surgery—Prize presented by Mr. R. H. Campbell won by Nurse Margaret Redpath	18	16

Forty-seven Nurses spent one week in the Preliminary Training School before being posted to their Wards. From all points of view, that of the Probationer, of the Ward Sister and the patient, it is highly desirable that duty in the Wards should be preceded by a longer period of preliminary instruction in the Training School, but shortage of and inability to fill the depleted ranks of the Nursing Staff have prevented every attempt to execute this principle.

Eighteen Nurses left the Hospital during the course of their training in 1937, which is identical with the number who left the hospital in 1936, before completion of training.



Twelve Nurses completed their training during the year and received their Training School Certificate on completion. The corresponding number for 1936 was 13.

Six Probationers were promoted to the rank of Staff Nurse during the year.

In addition to the lectures, demonstrations, tests and examinations given by the Matron, Sister Tutor, Theatre Sister and the Hospital Pharmacist, courses of lectures are being given, and examinations conducted by members of the Visiting Staff in their respective subjects.

The Training School Library has received valuable additions from the Health Committee.

Miss Gould, Sister Tutor, has been congratulated by the Health Committee on the excellent results obtained by Probationers at their examinations and for her work in improving the standard of training.

#### *Sickness in Nursing Staff.*

The need for allocating accommodation entirely for sick nurses is becoming more imperative. There are periods during which the number of sick staff renders it necessary for them to be treated in a general ward of patients, accommodation for whom is already very inadequate. The nursing of probationers and patients in the same ward is in practice unsatisfactory, is disquieting to the patients, and is not calculated to promote content and happiness among the members of the Nursing Staff. Particulars of the nature of the illnesses which led to nurses being off duty are shewn in Table I in the Appendix.

Nurses off duty during the year :	1937	1936
Resident ... ..	68	59
Non-Resident ... ..	29	15
Nurses off duty more than once during the year :		
Resident ... ..	15	15
Non-Resident (included in above)	5	2
Nursing days lost :		
Resident ... ..	1885	1156
Non-Resident ... ..	615	295
Average number of Nursing days lost per annum :		
Per Sick Nurse ... ..	27.7	19.6
Per Nurse on average daily strength	17.3	10.3

## SECTION II.

### ACCOMMODATION.

The total complement of beds provided for sick, maternity and mental cases on the 31st December, 1937, excluding cradles in the Maternity Wards, was 454, allocated as follows :—

For Men	..	...	...	...	151
For Women	...	...	...	...	246
For Children under 16	...	...	...	...	57
					454

The following table shows the classification of the accommodation and the number of beds occupied on the 31st December, 1937.

Classification of Cases					Wards	Provided	Occupied
Male—Medical	...	...	...	...	4	28	28
—Surgical	...	...	...	...		67	63
—Chronic Sick	...	...	...	...		10	8
Female—Medical		...	...	...	6	79	64
—Surgical		...	...	...		68	59
—Chronic Sick		...	...	...		31	31
Children under 16	...	...	...	...	1	25	57
Maternity—Beds	...	...	...	...	2	48	23
—Cradles	...	...	...	...		—	—
Tuberculosis—Male	...	...	...	...	1	15	15
—Female	...	...	...	...	1	9	9
Isolation	...	...	...	...	1	5	5
Mental—Male	...	...	...	...	1	31	12
—Female	...	...	...	...	1	38	24
Mental Defectives—Male	...	...	...	...	—	—	5
—Female	...	...	...	...	—	—	6
Totals					18	454	409

The reduction in the available accommodation from 484 beds in 1936 to 454 beds in 1937 is due to the fact that the existing male accident ward is undergoing conversion into a self-contained maternity unit and also to the fact that the complement of beds in certain wards being much in excess of the Ministry of Health standard has been adjusted so as to obviate serious overcrowding.

One female ward previously utilised for the excess mental cases has now become available as a sick ward so that the total accommodation allocated for mental cases has reverted from 97 beds to 69 beds. This was made possible by the opening of Runwell Hospital and the reception thereat of patients from this Hospital whose ordinary residence is in the County Borough of Southend-on-Sea.

Owing to the unprecedented pressure on the accommodation for maternity cases which consisted of 6 beds adjoining the labour room and 18 beds in a section of a sick ward, it became



imperative to transfer the remaining 24 sick patients to other wards and to allocate the accommodation thus made available for maternity cases exclusively. This enforced re-allocation of beds has resulted in the female sick accommodation being taxed to its utmost despite the fact that the ward previously utilised for the overflow of female mental cases was evacuated. When the conversion of the male accident ward to a temporary maternity unit accommodating 30 beds is completed, the ward of 42 beds now occupied by maternity cases will provide 12 much needed extra beds for the sick.

The children in excess of the beds and cots provided in the Children's Ward must of necessity occupy beds in other wards normally allocated to adults. On December 31st the number of beds occupied in the Children's Ward was 31 and the remaining 15 children were distributed amongst the adult wards. It must be conceded that it is psychologically injurious for children to be treated in a ward of adults and likewise the disturbing cries and noise of children are not conducive to a proper atmosphere of recovery for the adult sick.

Female Tuberculosis cases are of necessity accommodated in separation rooms of a ward allocated for the treatment of other medical diseases. Male Tuberculosis cases are accommodated in a special section of a medical ward.

During the past year despite the various steps taken, emergency and otherwise, to deal with the problems of accommodation, the question of the provision of beds for patients requiring hospital treatment has become much more acute. The Children's Ward, male and female wards of every category, and the Maternity Department have been particularly affected so that extra beds have constantly to be provided, accentuating the difficulty and embarrassment of working in wards in which ordinarily the patients are abnormally close to one another. Proper classification of the cases admitted is now quite impossible so that a proportion of the children are placed in adult wards; the young and the elderly, the acute and the chronic, the surgical or genito-urinary and the chronic, the accidents and the chronic, the quiet and the delirious are treated side by side. During August, 1937, the pressure on the accommodation necessitated the erection of 60—70 extra beds in the Hospital Wards. Children recommended for admission are frequently being referred to the Southend General Hospital or their admission deferred or refused. Similarly there are periods when admissions of adults must be restricted to emergency, accident, maternity and seriously ill patients.

In my opinion the dangerous limit of the number of patients admitted and the rapidity of turnover has been reached. The safety of this limit has only been maintained by the vigilant supervision of the staff concerned and reflects great credit upon the staff, oft times much depleted, who have to shoulder the extra duties imposed upon them under increased difficulties.



## SECTION III.

## GENERAL WORK OF THE HOSPITAL.

This is outlined in the form of statistical tables and analyses which classify in detail the work of the Hospital during the year. From April 6th to July 2nd the complement of beds was reduced from 484 to 454 during the period that Rayleigh Ward was rewired and redecorated and its mental patients transferred to Benfleet Ward. On completion of this work on July 2nd mental cases were transferred from Southchurch Ward to Rayleigh Ward to enable similar work to be carried out in the former. The total complement of beds in the Hospital was then still further reduced from 454 to 446. On August 31st the redecoration work having been completed, the available accommodation reverted to 484.

The total number of admissions (including infants born in Hospital) was 4,802, an increase of 423 on the 1936 figure when the complement of beds was 484.

The number of women confined in Hospital was 374, as compared with 385 in 1936. This reduction is attributed to the restriction of the admission of maternity cases owing to lack of adequate accommodation and is referred to in the appropriate section of this report.

The average weekly admission rate is 92.3 whilst last year the figure was 84.

The total number of patients treated to a conclusion (including infants born in Hospital) is 4,815 as compared with 4,408 in 1936.

The total number of deaths is 814, the corresponding figure for 1936 being 684.

The duration of stay of all patients :—

	1937		1936		1935	
	Number	Percent- age of Total	Number	Percent- age of Total	Number	Percent- age of Total
(a) Four weeks or less...	3,587	74.5	3,052	69.0	2,786	70.0
(b) Four weeks and under thirteen weeks ... ..	950	19.7	1,088	25.0	943	24.0
(c) Thirteen weeks or more ... ..	278	5.8	268	6.0	238	6.0
	4,815		4,408		3,967	

It will be noted from the above table that there is an obvious increase in the proportion of patients whose duration of stay does not exceed a month. This may be regarded as an indication of the increasing amount of acute work which is done at the Hospital.

The average number of beds occupied during the year was 438.7, the figure for the previous year being 454. The average bed complement was reduced, however, from 486.6 to 454.8.

The reduction in the daily bed complement available was due to :—

- (a) The closing of Rayleigh and Southchurch Wards for re-wiring and decorating.
- (b) The evacuation of a section of Thorpe Ward to permit of conversion into a Maternity Unit.
- (c) The reduction of the number of beds in Benfleet Ward from 28 to 22 when it ceased to accommodate mental patients and was allocated for female sick cases.

The average daily percentage of available beds occupied in 1937 was 96.8, the corresponding figure for 1936 being 93.3 and for 1935 being 86.1.

The maximum number of beds occupied during the year was 494 on 6th August, when the available bed complement was 446 and the minimum number of beds occupied was 400 on 26th December, when the available bed complement was 484.

The average length of stay per patient was 33.1 days, while in the previous year it was 37.6 days, representing a decrease of 4.5 days per patient. This would indicate that treatment is steadily becoming more intensive and efficacious.

#### STATISTICAL TABLE AND ANALYSES.

Remaining in hospital on January 1st, 1937	...	...	422
Admitted	...	...	4438
Born alive in hospital	...	...	364
			<hr/>
			5224
Discharged	...	...	4001
Died	...	...	814
			<hr/>
Patients treated to a conclusion during the year	...	...	4815
Remaining in hospital on 31st December, 1937	...	...	409
Classification of patients treated to a conclusion :			
Children under 16	...	...	834
Men	...	...	1308
Women	...	...	2673
			<hr/>
			4815

Children under 16 constituted approximately 18% of all patients treated. 21% was the proportion for 1936.

Table II in the Appendix shews how the 4815 patients treated to a conclusion during the year were originally admitted, Table III shews whither they were discharged, and Table IV gives a classification of the diseases and conditions for which they were primarily treated.

Cancer patients under treatment during the year numbered 192 and Tables V and VI in the Appendix give a classification of the cases according to site affected and according to sex and age of the patients who died.

The following table gives an analysis of the deaths according to age groups :—

Ages	General			Mental			Total 1937	Total 1936
	Male	Female	Total	Male	Female	Total		
Under 10 days	4	8	12	—	—	—	12	5
Under 4 weeks	4	2	6	—	—	—	6	3
Under 1 year	15	15	30	—	—	—	30	23
1—5 ...	3	4	7	—	—	—	7	5
5—10 ...	2	1	3	—	—	—	3	5
10—20 ...	3	12	15	1	—	1	16	13
20—30 ...	12	9	21	—	1	1	22	14
30—40 ...	12	20	32	—	1	1	33	32
40—50 ...	23	29	52	—	—	—	52	55
50—60 ...	49	56	105	—	—	—	105	105
60—70 ...	82	75	157	—	3	3	160	167
70—80 ...	121	106	227	4	3	7	234	183
80—90 ...	57	57	114	4	2	6	120	40
90—100 ...	4	9	13	—	1	1	14	4
	391	403	794	9	11	20	814	684

A survey of the hospital mortality return reveals the fact that with the exception of the first year of life there is a progressive increase in the number of deaths especially in the ages over 60, whilst the number of deaths over the age of 70 is more than three and a half times that of the 50-60 age group. Five-eighths of the total number of deaths during the year are accounted for by cases over the age of 60. The number of deaths among children under 1 year, namely 48, as compared with 31 in the previous year, is largely accounted for by the toll of influenzal complications early in 1937.

The conspicuous increase in the total number of deaths, 130 in excess of the 1936 figure, is more than accounted for by the mortality figure for patients over 60 years of age, the 1937 total being 134 in excess of that for 1936.



	Treated	Per-centage of Total	Died 1937	Died 1936	Case Mortality % 1937	Case Mortality % 1936
Medical Cases ...	2,660	55.3%	600	513	22.5%	21.3%
Surgical and Obstetric Cases ...	1,875	38.9%	194	142	10.3%	8.2%
Mental Cases ...	280	5.8%	20	29	7.1%	10.3%
	4,815		814	684		

	1937	1936	Case Mortality % 1937	Case Mortality % 1936
Deaths within 24 hours of admission ...	M. 52 } 110 F. 58 }	62	13.5%	9.1%
Deaths 24 to 48 hours after admission ...	M. 48 } 71 F. 23 }	39	8.7%	5.7%
Deaths 48 to 72 hours after admission ...	M. 18 } 38 F. 20 }	60	4.7%	8.8%
All other Deaths ...	M. 282 } 595 F. 313 }	523	73.1%	76.4%
Total deaths ...	814	684		

## AVERAGES FOR THE YEAR.

	1937	1936
Beds—Daily complement ...	454.8	484
Beds—Average daily number available ...	454.8	486.6
Beds—Average daily number occupied ...	438.7	454
Average daily percentage of available beds occupied ...	96.8%	93.3%
Admissions—Average daily number ...	13.1	12
Stay—Average length in days per patient ...	33.1	37.6
Deaths—Average case mortality % ...	16.9	15.5
Maximum number of beds occupied— (6th August, 1937) ...	494	510
Minimum number of beds occupied— (26th December, 1937) ...	400	378
Patients per occupied bed— Average number per annum ...	10.9	9.7
Nursing Staff (Resident and Non-Resident)— Average daily complement ...	144	140.8
Nursing Staff (Resident)— Average daily complement ...	110.3	105.7
Average daily ratio of patients to Nursing Staff, Resident and Non-Resident ...	3.0	

## SECTION IV.

## THE SPECIAL DEPARTMENTS.

The following table summarizes the work of the Special Departments.

1. Surgical—						1937	1936
	Major Operations	...	...	...		830	754
	Minor Operations	...	...	...		671	765
						<hr/>	<hr/>
						1501	1519
2. Ear, Nose and Throat Operations	...	...	...			* 91	128
3. Orthopædic Operations	...	...	...			* 25	3
4. Fractures	...	...	...	...	...	*123	
5. Thoracic Surgery	...	...	...	...	...	* 8	
6. Anæsthetics—							
	General	...	...	...	...	575	609
	Spinal	...	...	...	...	299	223
	Caudal Block—						
	(with or without local Anæsthesia)					84	76
	Evipan Sodium and Pentothal Sodium					412	423
	Avertin	...	...	...	...	7	11
	Local Anæsthesia	...	...	...	...	118	105
						<hr/>	<hr/>
						1495	1447
7. Radiological—							
	Patients investigated	...	...	...	...	2288	1405
	Examinations	...	...	...	...	5051	4447
8. Physio-therapeutic—							
	Patients	...	...	...	...	250	283
	Treatments	...	...	...	...	7797	7562
9. Maternity—Number Admitted—							
	Borough	...	...	...	...	300	323
	County	...	...	...	...	139	123
						<hr/>	<hr/>
						439	446
	Number confined—						
	Borough	...	...	...	...	256	281
	County	...	...	...	...	118	104
						<hr/>	<hr/>
						374	385
	Births	...	...	...	...	364	390
	Obstetric Operations	...	...	...	...	** 67	75

\* These operations are included in the total number of surgical operations—Item 1.

\*\* Eleven of these operations, *viz.* 4 Cæsarean Sections and 7 Surgical inductions are included in the total number of surgical operations—Item 1.

*(a)—Thoracic Surgery.*

The services of one of the Consulting Surgeons, and the purchase of the necessary special instruments and equipment have made it possible to establish a thoracic surgery clinic permitting specialised treatment to be offered in cases which previously were sent elsewhere or were considered hopeless. This service is developing and will undoubtedly form an important part of the work of the Hospital as it becomes more widely known that this specialised form of treatment is available.

*(b)—Fractures.*

The Fracture Unit of this Hospital having been placed under the same professional supervision as the Fracture Clinic at the Southend General Hospital, continuity of treatment and unity of control in the area are ensured. With few exceptions, all fracture cases are attended by and treated on admission by the Deputy Medical Superintendent; are visited by him and the progress reviewed daily. The Consulting Orthopædic and Fracture Surgeon who is also Director of the Fracture Clinic at the Southend General Hospital, attends weekly to advise and supervise the treatment of all Fracture cases.

Segregation of Fracture cases has always been aimed at. One ward is allocated entirely to male fracture cases, but until additional accommodation becomes available, female fracture patients cannot be centred in a ward with its specially trained staff devoted exclusively to their treatment. As many of the female wards are not wired for X-ray examination in bed, difficulties arise in the treatment of those cases which may not be moved to the X-ray department for appropriate radiography.

*(c)—Operative Surgery.*

				1937	1936	1935
Number of Surgical Operations :						
Major	...	...	...	830	754	640
Minor	...	...	...	671	765	864
				<hr/>	<hr/>	<hr/>
				1501	1519	1504
				<hr/>	<hr/>	<hr/>
Abdominal Sections	...	...		496	541	463
Appendicectomies	...	...		205	207	199
Tonsils and Adenoids	...	...		*71	96	89
Dental Operations	...	...		117	130	

(\* Dissection was the method of choice in 61 cases).

Further particulars as to the nature of the operations performed are given in Table IX in the Appendix.

The total number of operations performed during the year was 1501, as compared with 1519 in the previous year. This number includes 117 dental operations, the corresponding figure for 1936 being 130. A general anæsthetic was administered in 575 cases, the remainder being subjected to one of the other forms of anæsthesia.



It will be observed that whilst there is an insignificant diminution in the total number of operations performed, there is a material increase in the number of major operations, *viz.*, 76 more than in 1936. Attention is again drawn to the increasing need for an additional Theatre Unit. This need has become strikingly apparent since the appointment of Additional Visiting Surgeons to the Hospital. The existing solitary Operating Theatre has to cope with septic, infectious, puerperal and miscellaneous emergency cases in addition to and frequently simultaneous with an Operation List of surgically clean cases, an improper and indeed hazardous procedure. Formerly it was possible to inspect, adjust and where necessary overhaul the lighting, sterilizing and other technical theatre equipment and appliances with weekly regularity, but now the opportunity for this very necessary procedure seldom presents itself.

An extended Theatre service is now imperative and should provide for another Theatre Unit with a central sterilizing plant and central wash-up, an instrument room, a workroom for sewing and preparation of dressings, etc., a store for appliances and theatre equipment, an enlarged linen store, a plaster room, a dark room for endoscopy and for eye, ear, nose and throat work and a dental surgery together with appropriate offices for the Theatre Sister and her staff and for the surgeons and attendant resident staff.

#### ANALYSIS OF METHODS OF ANÆSTHESIA ADOPTED IN THE OPERATING THEATRE.

##### Inhalation Anæsthesia :—

By chloroform and ether sequence or mixture	...	366
By Ethyl Chloride and Ethel or mixture	... ..	40
By Ether	... ..	7
*By Nitrous Oxide with or without oxygen	... ..	155
By Cyclopropane and oxygen	... ..	7
		<hr/>
		575
Spinal Analgesia	... ..	299
Caudal Block with or without local anæsthetic		84
Local Anæsthesia	... ..	118
By Intravenous route—		
Sodium Evipan	... ..	410
Sodium Pentothal	... ..	2
†By Rectum—avertin	... ..	7
		<hr/>
		920
		<hr/>
	<i>Total</i> ...	1495
		<hr/>

\*In a number of cases the anæsthetic was supplemented by Ether inhalation.

†In 5 cases, the anæsthetic was supplemented by Ether inhalation.

Anæsthetics were administered by :—

Resident Assistant Medical Officers	...	...	...	1193
Deputy Medical Superintendent	...	...	...	96
Medical Superintendent	...	...	...	199
Consulting Anæsthetist	...	...	...	7
<i>Total</i>				1495

The introduction in July, 1937, of a modern Gas and Oxygen apparatus which can be operated with ease, has resulted in a decided rise in the proportion of cases subjected to Gas and Oxygen inhalation anæsthesia with benefit to and less risk to the patient.

Cyclopropane gas has also been added to the available anæsthetic agents particularly for thoracic operations and has been administered by the Consulting Anæsthetist with excellent results.

The increased range in the variety of anæsthetics and analgesics continues to effect a reduction in the number of patients subjected to inhalation anæsthesia. The proportion of cases so anæsthetised during the current year was 38% compared with 50% two years previously. The substitution of intravenous, spinal and local anæsthesia is largely responsible for this diminution in the number of inhalation anæsthetics. Pre-operative medication either in the form of twilight sleep or intravenous evipan sodium is almost invariably employed unless contra-indicated.

Evipan sodium has been found an extremely useful and pleasant anæsthetic agent for operative procedures of brief duration. Pentothal sodium, also administered by the intravenous route is being tried, and is found to be more potent and its effect of longer duration.

There were no deaths during anæsthetic administration in 1937.

As far as possible, inhalation and intravenous anæsthetics are administered by one of the Grade II Assistant Medical Officers, who has special experience in this type of work. It will be observed, however, that the Medical Superintendent and his deputy were obliged to give a number of anæsthetics owing to the increasing demands made upon the time of the Assistant Medical Officers in their Ward work.

(d)—*The Radiological Department.*

Particulars of the number and nature of the investigations carried out are given in Tables X — XII in the Appendix.

There is again a material increase in all branches of Radiological work carried out at the Hospital. The number of patients examined radiologically in 1937 exceeds that of 1936



by 333, representing a 17.3% increase. X-ray examinations in cases of injury continue to constitute the largest class submitted to the Radiological Department, the total number, 877, being 157 more than in 1936. The number of screenings of chest continues to rise, the total being 658 and the figure for 1936 being 540. The vast majority of the screenings of chest are carried out by the Tuberculosis Officer when he attends at the Hospital in connection with his Out-patient Tuberculosis and Artificial Pneumothorax work.

The appointment of Dr. White Phillips as Consulting Radiologist to the Hospital is proving of invaluable assistance to the Visiting and Resident Staffs in regard to X-ray diagnosis. The Consulting Radiologist attends bi-weekly to screen all Barium meals and other special cases, and report on all films.

The total number of cases reported upon by the Consulting Radiologist during the year was 2114, of which 162 were Barium meals.

During the year a number of minor defects revealed themselves in the X-ray apparatus. It has become increasingly apparent that the X-ray installation is by no means powerful enough for the modern technique of fast radiography of all regions, especially when applied to stout subjects, a class which constitute a fair proportion of our cases.

A new Portable shock-proof X-ray unit of high efficiency and available for operative work in the Operating Theatre is about to be purchased to supersede the existing outworn apparatus which is not shock-proof.

Attention is directed herebelow to the increasing difficulties encountered in the work of this department.

- \*(a) Lack of facilities and of waiting and dressing room accommodation for patients awaiting investigation;
- \*(b) The space available in the department is so limited and cramped that the Consulting Radiologist and other members of the staff have no office to view films, and the clerical and recording work and the transport of patients are done under increased difficulty.
- (c) As all the wards are not wired for X-ray examination, patients who are not fit to be conveyed to the X-ray department are deprived of any X-ray investigation which may be considered necessary.

With regard to the staffing of this department, the question of the appointment of a trained nurse for special work in this department merits serious consideration. Such an appointment would add to the efficiency of the department and ensure appropriate handling of patients undergoing X-ray investigation and would permit of the ward nurse assigned to assist with the patient, returning to her ward as soon as she had delivered the patient at the department.

\*Referred to in my Annual Reports of 1936 and 1935.



(e)—*The Physio-Therapy Department.*

The outstanding feature of this year's work, as will be seen from Table XIII in the Appendix, is the increasing recourse to the application of physio-therapeutic methods in the treatment of medical cases and the relatively minor part played by these methods in Fracture cases owing to the success which has attended the application of Bohler's methods in promoting restoration of function.

The success of the work of this department can be measured by the number of cases treated successfully to a conclusion, *viz.*, 208, representing 83% of the total number treated as compared with 75% in the previous year. It would appear that the prescription of more frequent treatments in the individual cases has been largely instrumental in achieving the improved results.

The application of physical medicine in the treatment of injury and disease has been extended by the addition to the equipment of this department of infra-red ray apparatus and a portable battery for galvanism and faradism. It is now possible for recumbent patients who cannot be moved to receive these added forms of physio-therapy whilst remaining in bed. Both the resident and the Visiting Staffs are prescribing remedial exercises including breathing and heart exercises, diathermy, ultra-violet and artificial sunlight, but owing to lack of equipment and space, the department is unable to meet the demand.

The number of physio-therapeutic and actino-therapeutic treatments to be carried out is at times so great that the two Masseuses upon whom all the work devolves, are unable to comply with the Medical Officers' and Consultants' requests. There has been no addition to the staff of this department since 1928, although the amount and the scope of the work has increased beyond recognition. The required additions to the armamentarium will undoubtedly necessitate an early addition to the staff.

(f)—*The Maternity Department.*

The Maternity section receives cases from the Borough's Ante-natal clinics for investigation, for treatment of the complications of pregnancy and for confinement. Maternity cases resident outside the Borough are admitted on a Relieving Officer's Order and cases of emergency, of ante-natal disease or of puerperal complications are admitted on a Doctor's recommendation.

Although applications for admission to Hospital for confinement were restricted to necessitous cases and to patients requiring admission for medical reasons, the accommodation already unsuitable and overcrowded, became utterly inadequate. During the summer 25 to 27 ante-natal and post-natal mothers were accommodated in a general female ward in which 18 beds were allocated to maternity cases with the result that seven to nine maternity cases overflowed into the general ward, which

was most unpleasant for the mothers and exposed them to the risk of infection. The situation was materially relieved on August 20th, when Benfleet Ward became available for general patients and Chalkwell Ward which previously accommodated 18 maternity cases and 24 general cases was allocated entirely to maternity cases.

Mothers, on commencing labour, are transferred from Chalkwell Ward to Canewdon Ward and cases believed to be actually in labour on admission are admitted direct to Canewdon Ward, which accommodates 6 beds for lying-in mothers and a labour bed. As and when cases are received in labour, post-natal mothers in Canewdon Ward with their infants are transferred to Chalkwell Ward. It has been necessary on numerous occasions to transfer mothers and their infants as early as the second day of the puerperium and frequently perforce during the night; for there have been as many as five deliveries in the course of 24 hours and two or three labours have proceeded simultaneously, although only one labour can be conducted in the labour ward itself.

The conversion of Thorpe Ward into a completely self-contained Maternity Unit of 30 beds with its Ante-natal and Post-natal sections, its labour ward and first stage room, its separation rooms for pregnancy complications and for doubtful or potentially septic cases and the appropriate bathing accommodation for both mothers and infants will enable all the Maternity Work to be carried out in one Ward with efficiency and with safety to the mothers and their infants, and will be more economical of staff, which at present has to be distributed over two wards.

Fourteen beds in Chalkwell Ward are allocated to ante-natal cases, and on December 31st there were 6 such cases.

Self-administered Gas and Air as an analgesic in labour which was introduced into this department in March, 1935, continues to be very much appreciated by the mothers and the staff supervising its administration continue to report very favourably on its efficiency in the relief of pain in a high proportion of cases.

#### STATISTICAL TABLES AND ANALYSES OF THE CASES TREATED IN THE MATERNITY DEPARTMENT DURING THE YEAR.

Number of mothers admitted—

			1937	1936	1935
Borough	...	..	300	323	281
County	...	...	139	123	110
			<hr/>	<hr/>	<hr/>
			439	446	391

Number of the above cases who were confined at this hospital—

Borough	..	...	256	281	247
County	...	...	118	104	95
			<hr/>	<hr/>	<hr/>
			374	385	342

## Mothers admitted for confinement—

## Borough—

Via ante-natal clinics	...	...	234	267	243
As an emergency case	...	...	22	14	4
			<hr/> 256	<hr/> 281	<hr/> 247

## County—

On Relieving Officer's order	...	...	104	94	84
As an emergency case	...	...	14	10	11
			<hr/> 118	<hr/> 104	<hr/> 95

The total number of emergency cases admitted was 36 representing 9.6 per cent. of the 374 confinements.

Totals	374	385	342
--------	-----	-----	-----

## Civil state—

Married	..	...	340 (91%)	357 (93%)	314 (92%)
Unmarried	...	...	34 (9%)	28 (7%)	28 (8%)

Totals	374	385	342
--------	-----	-----	-----

## Parous state—

Primipara	...	...	144 (38.5%)	155 (40.2%)	140 (40%)
Multipara	...	...	230 (61.5%)	230 (59.8%)	202 (60%)

Totals	374	385	342
--------	-----	-----	-----

Number of mothers referred for Pathological investigation.	...	..	...	...	44	37	32
--	-----	----	-----	-----	----	----	----

## Number of cases delivered by—

(a) Midwives	..	..	...	341	361	302
(b) Doctors	.	...	...	33*	24	40

\* Including 4 Cæsarean sections.

Number of anaesthetics given for Obstetric purposes (not including self-administered gas and air)	...	...	...	...	...	67	75	34
						<hr/> 1937	<hr/> 1936	<hr/> 1935

Ante-natal external version	...	...	...	3
Perineal repair	...	...	..	25
Episiotomy and repair	...	...	...	3
Surgical Induction	...	...	...	7
Forceps delivery	...	...	...	8
Breech delivery	...	...	...	4
Internal version	...	...	...	3
Craniotomy	...	...	...	3
Cæsarean section	...	...	...	4
For normal delivery of head	...	...	...	5
For expression of Placenta by Crede's method	...	...	...	2
Manual removal of Placenta	...	...	...	—
				<hr/> 67

Number of cases in which Medical assistance was sought by midwife in emergency	...	44	40	44
Doctors delivered	...	...	27 women	
Ante-partum hæmorrhage	...	4	„	
Post-partum hæmorrhage	...	1	„	
Intra-natal eclampsia	...	2	„	
Obstetric collapse	...	—		
Retained Placenta	...	2	„	
Difficulty in 2nd stage (with administration of anæsthetic	...	5	„	
Primary Uterine Inertia	...	3	„	

44 women



Number of cases notified as—				Hospital Deliveries	Delivered before admission		
(a) Puerperal fever	...	...	...	—	7		
(b) Puerperal pyrexia	...	...	...	9	2		
				1937	1936	1935	
Number of Maternal deaths among women admitted to hospital for confinement				3	3	1	
Mortality per 100 hospital confinements				0.8%	0.7%	0.3%	
Average duration of stay of Maternity cases excluding cases admitted for ante-natal disease—							
Borough	..	...	...	20.1 days	21.4 days	18.9 days	
County	...	...	...	19.9 days	21.0 days		
Average length of lying-in period—							
Borough	..	...	...	15.2 days	15.5 days	12.6 days	
County	...	...	...	15.0 days	14 days		
Average duration of stay of Maternity cases prior to delivery, excluding cases admitted for ante-natal disease—							
Borough	...	...	...	5 days	5.9 days	6.3 days	
County	...	...	...	5 days	7 days		
				1937	1936	1935	
Number of live births (4 sets of twins)—							
Borough	...	...	...	248			
County	...	..	...	116			
				—	364	375	328
Average weight at birth of infants : 7 lbs. 2 ozs.							
Number of Infant deaths (See Tables XV and XVI in Appendix)—							
Stillborn	...	...	...	14	16	16	
Within 10 days of birth	...	...	...	8	3	5	
Within 4 weeks of birth	...	...	...	1	2	1	
Number of infants not entirely breast fed while in hospital				30	19	10	
Number of cases of Pemphigus Neonatorum				*1	0	0	
* County case delivered before admission.							
Number of cases notified as Ophthalmia Neonatorum				5	0	0	

## ANALYSIS OF THE 378 DELIVERIES WHICH TOOK PLACE DURING THE YEAR.

The presentations were as under :—

Vertex—									
Occipito anterior	...	...	..	...	...	...	...	...	331
Occipito posterior	...	...	...	...	...	...	...	...	15
Breech—									
Uncomplicated	...	...	...	..	...	...	...	...	4
Complicated	...	...	...	...	...	...	...	...	11
Face	...	...	...	...	...	...	...	...	1
Hand	..	...	...	...	..	...	...	...	2
Shoulder	...	...	...	...	..	...	...	...	—
Transverse	...	...	...	...	...	...	...	...	1
									365
Born before admission				...	...	...	...	...	9
Caesarean Section				...	...	...	...	...	4
									378

There was 1 case of prolapsed cord.

There were 4 sets of twins, presentations being in sequence as follows :—

- 1st set 1. R.S.A. 2. L.O.A.  
 2nd set 1. R.O.A. 2. R.O.A. (stillborn).  
 3rd set 1. L.O.A. 2. L.O.A.  
 4th set 1. L.O.A. 2. Hand and R.O.P.

The methods of delivery of the 378 infants born in hospital were as follows :—

	No. of Births	Deaths		
		Maternal	Foetal	Neo-natal (4 weeks)
Natural forces ... ..	338	2	4	5
Natural forces after surgical induction ... ..	6	—	—	1
Forceps ... ..	8	—	—	1
Manual of breech ... ..	4	—	1	—
Manual of complicated breech ...	11	—	2	—
Manual of transverse ... ..	1	—	1	—
Internal Version ... ..	3	1	2	—
Craniotomy (including one failed Forceps) ... ..	3	1	3	—
Caesarean Section ... ..	4	—	1	2
	378	4	14	9

Of the 15 Occipito-posterior position presentations, 3 had a normal delivery following spontaneous rotation to the anterior position; of the remaining 12 cases, 10 were delivered spontaneously in the persistent occipito-posterior position and the remaining two cases required manual rotation followed by instrumental delivery under general anæsthesia.

With one exception, the eight instrumental cases were Primiparae. They are classified hereunder according to the indication for application of forceps.

Persistent Occipito-posterior ... ..	2
Prolonged labour—maternal distress ... ..	2
—foetal distress ... ..	—
Uterine Inertia ... ..	3
Disproportion—minor degree of ... ..	1
Total ... ..	8

	1937	1936	1935
Forceps rate per 100 births ... ..	2.1%	2.8%	2.6%
Maternal morbidity rate after forceps delivery	Nil	Nil	
Surgical Induction of labour was undertaken in 7 cases,			

Indication	Number of cases submitted to Surgical induction		
	Of Premature labour	At or after term	Total
Pre-eclamptic toxæmia ... ..	2	—	2
Albuminuria and Hypertension ...	—	1	1
Disproportion ... ..	1	—	1
Post maturity ... ..	—	2	2
Pyelitis and bad Obstetric History ...	1	—	1
	4	3	7

There were 6 live births and 1 stillbirth.

The following obstetric operations were necessary :—

Ante-natal extension version ... ..	3
Internal version ... ..	3
Surgical induction of labour ... ..	7
Application of forceps .. ..	8
Manual delivery of complicated breech ... ..	11
Cæsarean Section ... ..	4
Plugging of vagina ... ..	2
Episiotomy Repair ... ..	3
Repair of perineum ... ..	25
Craniotomy .. ..	3
Artificial rupture of membranes ... ..	34
Expression of Placenta by Credes method ... ..	2

The indications for which 4 Cæsarean Sections were done were as follows :—

Indication	Booked	Emergency	Total
Contracted pelvis and disproportion...	2	—	2
Primary uterine inertia and delayed labour in elderly multipara ...	—	1	1
Placenta prævia ... ..	—	1	1
Totals	2	2	4

There were 2 classical and 2 lower segment operations.

Two Cæsarean Sections were performed under Twilight Sleep and Spinal Analgesia, the remaining 2 being performed under Twilight Sleep and Local Anæsthesia.

The following table gives particulars of maternal morbidity, *i.e.*, all fatal cases and all cases in which a temperature of 100.4° or more was maintained for a period of 24 hours or recurred during that period in the puerperium (Ministry of Health standard). Cases of abortion and ectopic gestation are not admitted to this department and their morbidities are referred to elsewhere. No case of ectopic gestation was morbid,



Unless there is definite evidence to the contrary, every case of pyrexia occurring in the puerperium is assumed to be due to vaginal or uterine infection.

During the year 9 cases of pyrexia in the puerperium occurred amongst cases delivered in the Hospital; they all recovered and were discharged, and there were no deaths.

Of the 18 women who had pyrexia in the puerperium, 8 were primiparæ.

Deliveries in Hospital	Booked	Emergency	Total
	338	36	374
Pyrexial cases that survived ...	6	3	9
Maternal deaths—pyrexial cases ...	—	—	—
Maternal death—apyrexial cases ...	—	3	3
Pyrexial cases and maternal deaths ...	6	6	12
Maternal morbidity per 100 delivered	1.8%	16.6%	3.2%

The following tables give details as to the Maternal Mortality :—

Of 374 delivered in Hospital	3 died ...	0.8%
Of 338 booked cases	0 died ...	0.0%
Of 36 emergencies	3 died ...	8.3%
<i>Delivered in Hospital—</i>		<i>Cause of Death.</i>
Borough cases ...	3	(1) Obstetric shock following
County cases ...	0	Craniotomy.
Total	3	*(2) Parametric Abscess and Pyelocystitis following Cæsarean Section.
		*(3) Congenital Heart, Toxæmia following Burns, Strain of Pregnancy and Labour.
<i>Not Delivered in Hospital—</i>		*(1) Mitral Stenosis with Infective Endocarditis. Bilateral Broncho-pneumonia.
Borough cases ...	0	(2) Puerperal Septicæmia.
County cases ...	3	(3) Puerperal Septicæmia.
Total	3	

\* Confirmed by post-mortem examination.

Table XIV in the Appendix gives further details of Maternal Deaths.

ABORTION.

Therapeutic Abortion and cases of threatened abortion are not included.

	1937	1936
Cases treated to a conclusion ...	96	93
*Deaths ...	1	Nil
Maternal mortality per 100 women who aborted ...	1.0%	0.0%

\*Cause of Death in this case was Pelvic Peritonitis following Incomplete Abortion. Intervention consisted of the digital removal of placental fragments and the instillation of Intra-uterine glycerin under Intravenous Evipan.

## SECTION V.

## EXAMINATION OF PATHOLOGICAL SPECIMENS.

As will be seen from Table XVIII in the Appendix, 2,091 specimens were examined during the year, as compared with 2,151 in the previous year. Of these 795 were examined at the Pathological Department of the Southend General Hospital, 222 by Professor Hewlett at the Seaman's Hospital, Greenwich, 440 at the Borough Sanatorium, and 485 at the Municipal Hospital, the latter specimens being blood-chemical examinations or for occult blood in faeces.

The number of post-mortem examinations carried out was 149 as under :—

(a) On the bodies of 814 persons who died in hospital 134 examinations were made, 21 being at the Coroner's request. This gives an autopsy rate of 16%, as compared with 13% in 1936.					
(b) The remaining 15 examinations were made on bodies from Rochford House (1), and on persons brought in dead by the County Police (14).					
(c) The above 149 autopsies were performed by :—					
Medical Superintendent	...	...	...	...	110
Deputy Medical Superintendent	...	...	...	...	5
Assistant Medical Officers	...	...	...	...	5
Pathologist—Southend General Hospital	...	...	...	...	27
Pathologist—Chelmsford	...	...	...	...	2
General Practitioners	...	...	...	...	—
Total					149

## SECTION VI.

## DISPENSARY.

The issues of dressings, drugs and anæsthetic agents by the Dispensary furnishes a reliable index of the amount of treatment being given at the Hospital :—

*Principal Dressings issued during 1937.*

Items		January to June	July to December	Totals	Totals 1936
Bandages O.W.	No.	11,040	9,972	20,012	21,204
Other Bandages	No.	581	582	1,163	891
Batiste and Jaconet	Yds.	197	223	420	313
Boric Lint	Lbs.	160	84	224	328
White Lint	Lbs.	604	593	1,197	1,121
Gauze—6 yd.	packets	3,960	4,524	8,484	8,088
Tow	Lbs.	515	458	973	1,134
Grey Wool	Lbs.	445	620	1,065	872
White Wool	Lbs.	1,589	1,663	3,252	3,283

*Principal Drug Issues including Anæsthetic Agents  
during 1937.*

Items		January to June	July to December	Totals	Totals 1936
Anaesthetic Ether	lbs.	105	113½	218½	150
Chloroform	lbs.	28½	32½	61	70
Evipan-Sodium	Ampoules	275	275	550	500
Percaine	Ampoules	84	96	180	108
Liver Extract	Ampoules	343	369	712	430
Insulin	(100 units)	793	550	1,343	1,070
Solganal (Gold) injection		243	325	568	230
Methylated Ether	lbs.	340	368	708	635
Methylated Spirit	gls.	254	255	509	531

*Biochemical Examinations conducted in the Dispensary  
during 1937.\**

			1937	1936
Blood Urea Estimations	...	...	237	264
Blood Sugar Estimations	...	...	67	173
Determination of Blood in faeces	...	...	181	172
			485	609

Fractional test meal examinations were undertaken by the Dispenser from 1st January, 1938.

\*Included in table of Pathological Examinations.

The inadequacy of the accommodation in the Dispensary is still shown in the need for:—

- (1) Storage room for bulk quantities of drugs and dressings and for inflammable spirits and ether, oxygen and other gases.
- (2) Separate space for the preparation of aseptic solutions.
- (3) The provision of appropriate space for the carrying out of the increasing variety of biochemical examinations.



## SECTION VII.

In conclusion I welcome this opportunity of giving expression to my sense of indebtedness to the Matron for the efficient and zealous manner in which she has dealt with the increasing administrative difficulties and nursing problems of the Hospital and for her many acts of kindness shown to the patients and staff of the hospital. The high standard of work attained has only been made possible by the loyalty, efficiency and unstinted personal service of the Medical and Nursing Staffs and of the personnel of all departments. I also wish to pay tribute to the valuable assistance and co-operation given me by the Master and Matron of Rochford House in connection with the laundry, dietary and other hospital services.

To the Visiting Staff, to Dr. J. S. Logan, Deputy Medical Officer of Health and to Dr. H. L. Whitchurch Beach, Medical Superintendent of the Borough Sanatorium, I am very much indebted for advice and assistance in the treatment of cases referred to them. I also desire to place on record my sincere gratitude to Dr. C. Grant Pugh, Medical Officer of Health, for his ever ready advice and helpful guidance in all matters pertaining to hospital administration.

To the Chairman and Members of the Health Committee I am particularly grateful for their very kind support, for their increasing interest in the work and welfare of the staff and for the earnest consideration they have given to all the problems arising in connection with the treatment of the sick.

SAMUEL CIEMAN,

*Medical Superintendent.*

## APPENDIX.

TABLE I.

## SUMMARY OF NURSES' ILLNESSES.

Diseases and Disabilities	Resident	Non-resident	Operations	
			Major	Minor
Influenza ... ..	15	12	—	—
Chill ... ..	2	—	—	—
Chicken Pox ... ..	1	—	—	—
Mumps ... ..	1	—	—	—
Tonsillitis ... ..	12	4	2	—
Naso-pharyngitis ... ..	1	—	—	—
Laryngitis ... ..	1	—	—	—
Sinusitis ... ..	2	—	—	—
Otitis Media ... ..	1	—	—	—
Fibrositis ... ..	2	2	—	—
Cervical Adenitis ... ..	1	—	—	—
Metrorrhagia ... ..	1	—	—	—
Bronchitis ... ..	2	2	—	—
Bronchography ... ..	1	—	—	1
Tumour of Breast ... ..	2	—	2	—
Bilateral Hallux Valgus ... ..	1	—	1	—
Deformity of the feet ... ..	1	—	—	1
Septic conditions of Skin ... ..	—	1	—	—
Cystitis ... ..	—	1	—	—
Septic finger ... ..	1	—	—	—
Septic foot ... ..	2	—	—	—
Painful feet ... ..	2	—	—	—
Anaemia ... ..	1	—	—	—
Appendicitis ... ..	4	1	5	—
Pyelitis ... ..	1	—	—	—
Peptic Ulcer ... ..	3	1	—	—
Neuralgia ... ..	1	—	—	—
Inguinal Hernia ... ..	—	—	1	—
Constipation ... ..	2	—	—	—
Tetany ... ..	1	—	—	—
Psychosis ... ..	1	—	—	—
Minor injuries ... ..	—	3	—	—
Vertigo ... ..	2	—	—	—
Hypertension ... ..	—	2	—	—
Totals ... ..	68	29	11	2

TABLE II.

Table showing how the 4,815 patients treated to a conclusion during the year were originally admitted :—

					Borough	County	Total
Maternity cases	...	...	...	...	300	139	439
Births	...	...	...	...	248	116	364
Accidents	...	...	...	...	203	67	270
Attempted suicides	...	...	...	...	21	1	22
Transfers from Rochford House	...	...	...	...	128	39	167
Transfers from Southend General	...	...	...	...	...	...	...
Hospital	...	...	...	...	109	23	132
Transfers from Isolation Hospitals	...	...	...	...	11	4	15
Transfers from Hospitals—	...	...	...	...	...	...	...
Other authority	...	...	...	...	1	—	1
Mental cases	...	...	...	...	224	44	268
Other cases	...	...	...	...	2249	888	3137
Totals	...	...	...	...	3494	1321	4815

TABLE III.

Table showing whither the 4,815 patients were discharged :—

					Borough	County	Total
To own relatives or friends' home	...	...	...	...	2657	1011	3668
To Rochford House	...	...	...	...	122	32	154
To Hospital or Institution—other	...	...	...	...	...	...	...
Authority	...	...	...	...	8	4	12
To Infectious Diseases Hospitals	...	...	...	...	14	5	19
To Tuberculosis Sanatoria	...	...	...	...	2	—	2
To Mental Hospitals	...	...	...	...	118	28	146
Deaths	...	...	...	...	573	241	814
Totals	...	...	...	...	3494	1321	4815



TABLE IV.

## DISEASES TREATED.

Classification of Diseases and Conditions for which 4,815 patients were Primarily treated during 1937.

	Children (under 16 years of age)		Men and Women	
	D'ch'd	Died	D'ch'd	Died
A. Acute Infectious disease ... ..	28	—	9	1
B. Influenza ... ..	12	5	64	21
C. Tuberculosis :—				
(1) Pulmonary ... ..	2	1	47	25
(2) Non-pulmonary ... ..	2	1	3	2
D. Malignant disease ... ..	—	—	64	105
E. Rheumatism :—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheuma- tism and chorea ... ..	19	—	37	4
(2) Non-articular manifestations of so- called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica) ... ..	—	—	25	—
(3) Chronic arthritis ... ..	—	—	39	3
F. Venereal disease ... ..	—	—	4	—
G. Puerperal pyrexia ... ..	—	—	11	—
H. Puerperal fever :—				
(1) Women confined in the hospital ...	—	—	5	2
(2) Other cases ... ..	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth (including abortions)	—	—	143	6
J. Mental diseases :—				
(1) Senile Dementia ... ..	—	—	71	16
(2) Other ... ..	—	—	189	4
K. Senile Decay ... ..	—	—	44	20
L. Accidental injury and violence ... ..	53	1	304	28
<i>In respect of cases not included in above :—</i>				
M. Disease of Nervous System and Sense Organs	33	1	188	112
N.   "   "   Respiratory System ... ..	75	22	249	108
O.   "   "   Circulatory   "   ... ..	14	—	293	191
P.   "   "   Digestive   "   ... ..	60	17	482	32
Q.   "   "   Genito-urinary   "   ... ..	2	1	171	43
R.   "   "   Skin ... ..	31	1	61	—
S. Other diseases ... ..	85	12	328	29
T. Mothers and infants discharged from Maternity Wards and not included in above :—				
(1) Mothers ... ..	—	—	398	—
(2) Infants ... ..	356	—	—	—
Totals ... ..	772	62	3,229	752

TABLE V.

CLASSIFICATION OF 192 CANCER PATIENTS TREATED  
DURING 1937.

Site of Disease	1937				1936	
	Primary	Metas- tases	Total Treated	Deaths	Total Treated	Deaths
Uterus—Cervix ...	14	4	18	7	—	—
Body ...	4	2	6	3	19	9
Ovary ...	3	2	5	2	5	4
Breast ...	17	11	28	13	30	13
Skin ...	1	—	1	—	1	1
Thyroid ...	—	—	—	—	2	2
Oesophagus ...	2	1	3	2	6	4
Stomach ...	25	9	34	22	28	21
Caecum ...	1	—	1	1	2	1
Colon ...	25	5	30	15	24	16
Rectum ...	14	2	16	7	11	4
Pancreas ...	4	2	6	4	9	6
Gall Bladder ...	—	3	3	2	2	1
Kidney ...	1	2	3	2	2	1
Urinary Bladder ...	2	1	3	2	—	—
Prostate ...	10	2	12	7	13	5
Brain ...	2	—	2	—	2	2
Lung or Bronchus ...	4	—	4	3	11	8
Tongue or Tonsil ...	3	1	4	2	10	6
Mouth or Pharynx ...	3	—	3	2	—	—
Maxillary Antrum ...	1	—	1	—	—	—
Larynx ...	3	—	3	3	2	2
Sarcoma—						
Lympho-sarcoma (various sites)	2	1	3	3	2	2
Retro-peritoneal ...	1	—	1	1	2	1
Chest Wall ...	1	—	1	1	—	—
Bone ...	—	1	1	1	1	1
Totals ...	143	49	192	105	184	110

Of the 192 Cancer patients treated during 1937, 54 were admitted after having received previous treatment at other Hospitals.

The Hospital is possessed of every facility for operative treatment and cases requiring radium are treated with radon seeds supplied by the Radium Department of the London Hospital. Seven Cancer cases received courses of Deep X-ray Therapy at the Southend General Hospital whilst under treatment as In-patients.

TABLE VI.

TABLE SHOWING THE AGE GROUPS AND SEX OF THE  
105 CANCER PATIENTS WHO DIED DURING 1937

Age Group			20-25	35-40	40-45	45-50	50-55	55-60
Male	...	...	2	1	2	3	7	5
Female	...	...	—	1	5	6	2	8
Totals	...		2	2	7	9	9	13

  

Age Group			60-65	65-70	70-75	75-80	80-85	Total
Male	...	...	9	8	9	8	2	56
Female	...	...	5	9	8	5	—	49
Totals	...		14	17	17	13	2	105



TABLE VII.  
ANALYSIS OF 1,501 SURGICAL OPERATIONS  
PERFORMED IN THE  
OPERATING THEATRE DURING 1937.

GENERAL	Patients		Nurses		Total
	Major	Minor	Major	Minor	
On skin and superficial structures ...	20	96	—	1	117
„ Arteries, veins and Lymphatics...	5	—	—	—	5
„ Nerves ... ..	7	4	—	—	11
„ Bones and Joints (exclusive of Fractures) ... ..	27	—	1	—	28
„ Muscles, Tendons and Bursae ...	3	2	—	—	5
„ Skull, Brain and Spine ... ..	2	—	—	—	2
„ Face ... ..	1	11	—	—	12
„ Mouth and Pharynx ... ..	—	3	—	—	3
„ Thyroid ... ..	1	—	—	—	1
„ Lymphatic and accessory glands	1	—	—	—	1
„ Breast ... ..	4	13	2	—	19
„ Thorax and contents (exclusive of special cases) ... ..	9	—	—	—	9
„ Abdominal wall and cavity ...	72	—	—	—	72
„ Stomach and duodenum ... ..	17	—	—	—	17
„ Appendix ... ..	180	—	5	—	185
„ Intestine ... ..	51	12	—	—	63
„ Rectum ... ..	27	29	—	—	56
„ Anus ... ..	—	8	—	—	8
„ Liver, Gall Bladder and Pancreas	30	—	—	—	30
„ Kidney and Urinary tract ...	55	40	—	—	95
„ Male Generative organs ... ..	41	29	—	—	70
„ Female Generative organs ...	95	170	—	—	265
Amputations ... ..	11	5	1	—	17
Blood Transfusions ... ..	—	11	—	—	11
Biopsies ... ..	—	2	—	—	2
Bronchographics ... ..	—	19	—	1	20
Totals ... ..	659	454	9	2	1,124
SPECIAL					
Obstetric ... ..	4	—	—	—	4
Orthopaedic ... ..	25	—	—	—	25
Fractures ... ..	39	84	—	—	123
Thoracic Surgery ... ..	8	—	—	—	8
Ear, Nose and Throat ... ..	78	11	2	—	91
Eye ... ..	3	1	—	—	4
Dental ... ..	—	117	—	—	117
Implantation of Radon ... ..	5	—	—	—	5
Grand Totals ... ..	821	667	11	2	1,501

OPERATIONS :

	<i>Emergency</i>		<i>Remainder</i>		<i>Total</i>
Major ... ..	512	...	318	...	830
Minor ... ..	73	...	598	...	671
Totals ... ..	585	...	916	...	1501

TABLE VIII.

## OPERATIONS PERFORMED IN THEATRE.

	General	Gynaecology and Obstetrics	Orthopaedic	Fractures	Thoracic Surgery	Ear, Nose and Throat	Eye	Dental	Total
By Medical Superintendent	430	96	—	14	—	46	—	99	685
„ Deputy Medical Superintendent ... ..	303	82	6	80	—	33	—	15	524
„ Asst. Medical Officers	20	29	—	23	—	1	—	3	76
„ Consulting Surgeons ...	111	—	—	—	8	5	—	—	124
„ Consulting Gynaecologist & Obstetrician	—	62	—	—	—	—	—	—	62
„ Consulting Orthopaedic & Fracture Surgeon	—	—	19	6	—	—	—	—	25
„ Consulting Ophthalmic Surgeon ... ..	—	—	—	—	—	—	4	—	4
„ Consulting Ear, Nose & Throat Surgeon	—	—	—	—	—	1	—	—	1
„ Consulting Dental Surgeon ... ..	—	—	—	—	—	—	—	—	—
Grand Totals ...	864	269	25	123	8	91	4	117	1,501

TABLE IX.

The names and numbers of the operations most frequently performed and classified anatomically are given in the following table :—

*On skin and superficial structures—*

Toilet and suturing of wounds ... ..	24
Tannic Acid treatment for burns and scalds ... ..	10
Incision for abscess, cellulitis, carbuncles and boils ...	51
For septic infection of the hands ... ..	17
For sebaceous cyst, lipoma, fibroma, nodule ... ..	13
Skin Graft ... ..	5

*On arteries—*

Peri-Arterial Sympathectomy ... ..	3
------------------------------------	---

*On nerves—*

Phrenic Avulsion ... ..	1
Exploration of Nerves ... ..	10

*On nerves and tendons—*

Lengthening of Tendons ... ..	2
Suture of Tendons ... ..	1

*On bones and joints—*

Transfixation by pin or wire	...	...	...	...	32
Open operation, wiring or plating of fragments	...				10
Reduction or manipulation	...	...	...	...	28
Application of plaster	...	...	...	...	62
Resection of rib	...	...	...	...	9
For Osteomyelitis	...	...	...	...	6
Sequestrectomy	...	...	...	...	7
Hallux Valgus	...	...	...	...	5
Excision of Patella	...	...	...	...	3

*Amputation—*

Through femur	...	...	...	...	...	8
Through leg	...	...	...	...	...	2
On fingers or toes	...	...	...	...	...	7

*On breast—*

For tumour	...	...	...	...	...	6
For abscess	...	...	...	...	...	13

*On skull and brain—*

Cerebral abscess	...	...	...	...	...	1
------------------	-----	-----	-----	-----	-----	---

*On thorax and Contents—*

Thorocoplasty (Multiple Stage)	...	...	...	...	7
Lung Abscess	...	...	...	...	1

*On abdominal wall and cavity—*

Herniotomy for Inguinal hernia	...	...	...	...	25
Herniotomy for Inguinal hernia (strangulated)	...				20
Herniotomy for Femoral hernia	...	...	...	...	6
Herniotomy for Femoral hernia (strangulated)	...				6
Herniotomy for Umbilical hernia (strangulated)	...				3
Herniotomy for Ventral incisional hernia (strangulated)	...				2

*On stomach and duodenum—*

For peptic ulcer (perforated)	...	...	...	...	10
Gastro-jejunostomy	...	...	...	...	4
Partial Gastrectomy	...	...	...	...	4
For Gastro-enterostomy	...	...	...	...	2

*On appendix—*

Appendicectomy	...	...	...	...	187
Drainage of Appendix Abscess without Appendicectomy	...				2
Appendicectomy with drainage	...	...	...	...	18

*On intestine—*

Anostomosis (various)	...	...	...	...	5
Enterostomy, colostomy	...	...	...	...	25
Caecostomy	...	...	...	...	12
Enterectomy (resection of intestine)	...	...	...	...	6
Exteriorization of colon	...	...	...	...	1
For Intussusception	...	...	...	...	1
For internal hernia	...	...	...	...	1
For Volvulus	...	...	...	...	1



*On rectum—*

For ischio-rectal abscess	...	...	...	...	10
For Anal Fistula and fissure	...	...	...	...	9
Hæmorrhoids	...	...	...	...	26
Sigmoidoscopy-Proctoscopy	...	...	...	...	11

*On liver, gall-bladder and Pancreas—*

Cholecystectomy	...	...	...	...	8
Cholecystectomy with Appendicectomy	...	...	...	...	7
Cholecystostomy	...	...	...	...	7
Cholecyst—gastrostomy	...	...	...	...	3
Cholecyst—Duodenostomy	...	...	...	...	1
Choledochotomy	...	...	...	...	1

*On kidney and bladder—*

Nephrectomy	...	...	...	...	6
Nephropexy	...	...	...	...	1
Nephro-Lithotomy	...	...	...	...	4
For Peri-nephric abscess	...	...	...	...	2
Cystoscopy	...	...	...	...	18
Retrograde Pyelography	...	...	...	...	17
Supra-pubic cystostomy	...	...	...	...	44
For Vesical calculus	...	...	...	...	1
Cauterization of Supra-pubic Sinus	...	...	...	...	6

*On male Generative organs—*

Supra-pubic prostatectomy	...	...	...	...	24
For undescended testis	...	...	...	...	7
Circumcision	...	...	...	...	33
For hydrocele, spermatocele or varicocele	...	...	...	...	4
For Tumour of testis	...	...	...	...	2

*On female Generative organs—*

On ovary and/or tube	...	...	...	...	12
On ovary or tube with appendicectomy	...	...	...	...	8
Myomectomy with Appendicectomy	...	...	...	...	2
For ruptured ectopic gestation	...	...	...	...	2
For uterine evacuation and/or curettage	...	...	...	...	90
Intra uterine glycerine	...	...	...	...	25
Hysteropexy	...	...	...	...	10
Hysteropexy with vaginal plastic operation	...	...	...	...	1
Colpo-perineorrhaphy	...	...	...	...	17
Fothergill's operation	...	...	...	...	8
Total hysterectomy	...	...	...	...	6
Sub-total hysterectomy	...	...	...	...	14
Pan-hysterectomy	...	...	...	...	2
Cæsarean Section	...	...	...	...	4
Various, on vagina, vulva and cervix	...	...	...	...	8
Surgical induction of labour	...	...	...	...	7
Therapeutic abortion	...	...	...	...	2
Examination under anæsthetic	...	...	...	...	36

<i>Implantation of Radon</i>	...	...	...	...	5
------------------------------	-----	-----	-----	-----	---

TABLE X.

## RADIOLOGICAL DEPARTMENT.

The total number of radiological examinations made during the year was 5051, as under :—

	Individual cases examined	Number of films	Examina- tion Screenings	Total Films and Screenings
Hospital patients ... ..	2,018	3,640	184	3,824
Out-patients :—				
Pulmonary Tuberculosis ...	200	178	919	1,097
Maternity cases ... ..	8	17	—	17
Follow-up (Injury) ...	42	74	—	74
Follow-up (Other) ...	20	39	—	39
Totals ... ..	2,288	3,948	1,103	5,051

TABLE XI.

## ANALYSIS OF X-RAY INVESTIGATIONS CARRIED OUT DURING THE YEAR.

	Injury	Disease	Total
Skull and contents ... ..	59	35	94
Spine ... ..	31	75	106
Ribs and Sternum ... ..	26	1	27
Shoulder ... ..	61	21	82
Humerus ... ..	28	3	31
Elbow ... ..	32	15	47
Radius and Ulna ... ..	16	5	21
Carpus and Metacarpus ... ..	56	10	66
Fingers ... ..	18	30	48
Pelvis ... ..	21	28	49
Hip ... ..	124	40	164
Femur ... ..	99	12	111
Knee ... ..	58	49	107
Tibia and Fibula ... ..	128	34	162
Ankle ... ..	87	18	105
Tarsus and Metatarsus ... ..	25	16	41
Toes ... ..	1	8	9
Nasal and facial bones ... ..	2	—	2
Mandible ... ..	5	7	12
Accessory Sinuses ... ..	—	17	17
Lungs ... ..	—	658	658
Heart, Aorta and Mediastinum ... ..	—	50	50
Oesophagus ... ..	—	5	5
Stomach and duodenum ... ..	—	172	172
Intestine and appendix ... ..	—	49	49
Biliary Passages ... ..	—	97	97
Urinary tract ... ..	—	180	180
Obstetric cases ... ..	—	44	44
Dental ... ..	—	6	6
Foreign bodies ... ..	—	18	18
Totals ... ..	877	1,703	2,580

TABLE XII.

## SPECIAL METHODS OF INVESTIGATION †

	1937	1936	1935
Barium Swallows ... ..	3	—	—
Barium meals ... ..	162	112	93
Barium Enemata ... ..	49	47	63
Cholecystograms ... ..	54	68	22
Pyelograms, urograms-intravenous ...	71	71	41
Pyelograms—retrograde ... ..	††17	12	7
Bronchograms ... ..	††20	20	15
Lipiodol injections ... ..	1	8	3
	377	338	244

† Included in the foregoing analysis of investigations and therefore not additional.

††17 Retrograde Pyelograms and 20 Bronchograms were taken in the Operating Theatre with the Portable Unit.

	1937	1936	1935
Number of radiograms taken ... ..	3,948	3,595	2,845
Average number of radiograms per patient investigated ... ..	1.73	2.5	2.3
Average number of investigations per patient	3.1	3.1	2.8
Number of maternity patients X-rayed ...	44	37	—
The largest number of investigations was in connection with injuries to skull, bones and joints ... ..	877	720	709
The next largest number of investigations relates to Tuberculosis and other lung conditions ... ..	658	540	509



TABLE XIII.

## PHYSIO-THERAPY DEPARTMENT.

	Massage	Electro- thera- peutic	Remedial Gymnas- tics	Total	
				1937	1936
Number of In-patients treated	112	91	27	230	272
Number of Out-patients treated	9	11	—	20	11
Totals ... ..	121	102	27	250	283
Number of In-patient treat- ments ... ..	1,175	5,336	811	7,322	7,266
Number of Out-patient treat- ments ... ..	123	352	—	475	296
	1,298	5,688	811	7,797	7,562
Number treated ... ..	121	102	27	250	283
Number of treatments ... ..	1,298	5,688	811	7,797	7,562
Number treated to a conclusion	96	90	22	208	213
Percentage treated to a conclus- ion ... ..				83%	75%

  

	1937		1936	
Number of Medical cases treated in this department ... ..	167	67%	187	66%
Number of Surgical cases treated in this department ... ..	13	5%	27	9%
Number of fracture cases treated in this department ... ..	70	28%	69	25%
Total cases ... ..	250		283	

TABLE XIV.  
MATERNAL MORTALITY  
DELIVERED IN HOSPITAL.

Age	Borough or County	Ante-natal Clinic or Emergency	Maturity in weeks	Gravida	Complication of labour and/or maternal complication	Method of Delivery	Cause of Death	Births
38	Borough	Emergency	40	Primipara	Failed Forceps of Persistent Mento-Posterior. Narrow outlet in elderly Primipara	Craniotomy	Obstetric Shock (7 hours after delivery)	Stillborn
44	Borough	Emergency	40	7/Para	Menopause and disproportion. Obstructed Labour.	Caesarean Section	*Parametric Abscess and Pylo-cystitis following Caesarean Section	Alive
35	Borough	Emergency	40	Primipara	Admitted with Burns of Trunk and Limbs and Congenital Heart	Natural Forces	*Congenital Heart (Patent interventricular septum) Toxaemia following burns. Strain of Pregnancy and Labour	Stillborn

NOT DELIVERED IN HOSPITAL.

32	County	Emergency	32	4/Para	Admitted in extremis	Natural Forces	*Mitral Stenosis with Infective Endocarditis. Bilateral Broncho-pneumonia	Stillborn Premature
42	County	Emergency	40	5/Para	Admitted with Puerperal Septicaemia. Died 2½ days after admission	Natural Forces	Puerperal Septicaemia (8th day of puerperium)	Alive
80	County	Emergency	40	Primipara	Complicated Breech in elderly Primipara. Admitted on 4th day of puerperium with puerperal Septicaemia	Manual of Breech	Puerperal Septicaemia (5th day of puerperium)	Stillborn

\* Confirmed by post-mortem examination.

Maternal Mortality Rate—	Per 100 Booked cases delivered	...	...	...	0.0%
	Per 100 Emergency cases delivered	...	...	...	8.3%
	Per 100 cases delivered	...	...	...	0.8%

TABLE XV.

## MATERNITY DEPARTMENT — INFANTS' REPORTS.

	Booked	Emergency	Totals	%
Full time ... ..	330	21	351	92.9%
Premature ... ..	7	6	13	3.4%
Stillborn —Premature ...	—	5	5	3.7%
Stillborn—Full time ...	5	4	9	
	342	36	378	

Average weight at birth of Infants—Living 7lbs. 2ozs.

Stillborn 5lbs. 8ozs.



## TABLE XVI.

## STILLBIRTHS.

(Details of the 14 Stillbirths).

Maternal Complications	Method of Delivery	Infant	Cause of Foetal Death	Boro' or County
<i>Emergencies (9)—</i>				
Persistent Mento-Posterior Disproportion ...	Failed Forceps Craniotomy	F.T.	Complication of Labour	B.
	Craniotomy	F.T.	Complication of Labour	B.
Placenta Pracvia ...	Cacsarean Section	P.	Complication of Labour.	B.
Severe Burns and Congenital Heart	Natural Forces	F.T.	Maternal condition	B.
Twin Pregnancy, and Albuminuria	Forceps Delivery	P. (2nd Twin)	Maternal condition	C.
Transverse Lie ...	Bi-polar version	F.T.	Complication of Labour	C.
B.B.A. (In Ambulance)	Manual of Breech	P.	Complication of Labour	B.
Placenta Pracvia and Hand Presentation	Bi-polar version	P.	Complication of Labour	B.
Pre-eclamptic Toxaemia	Manual of Breech	P.M.	Maternal condition	C.
<i>Ante-natal cases (5)—</i>				
None apparent ...	Natural Forces	F.T.M.	Blue Asphyxia. Cord tightly coiled round neck	C.
Complicated breech	Manual of complicated breech	F.T.	Complication of Labour	B.
None apparent ...	Breech and Craniotomy	F.T.	Hydrocephalus and Complication of Labour	B.
Ante-partum Haemorrhage	Bi-polar version	F.T.	Complication of Labour	B.
Syphilitic Infection	Manual of Breech	F.T.M.		B.

F.T. ... Full term.

F.T.M. ... Full term macerated.

P. ... Premature.

P.M. ... Premature macerated.

B.B.A. ... Born before arrival,

SUMMARY OF CAUSES OF 14 STILLBIRTHS.

Cause of Stillbirth	Ante-natal Clinic	Emergency	Total
Complication of Labour ... ..	2	6	8
Maternal condition ... ..	1	3	4
Foetal states ... ..	2	—	2
Totals ... ..	5	9	14

TABLE XVII.

DETAILS OF NINE DEATHS OF INFANTS WITHIN  
FOUR WEEKS OF BIRTH.

Causes of Death	Maternal Complication	Method of Delivery	Weight at Birth	Age at Death	Boro' or Cty.
			lbs. ozs.		
<i>Emergencies</i> (4)—					
Maternal condition	Disproportion	Caesarean Section	8 0	$\frac{1}{2}$ hour	B.
Prematurity	Placenta Praevia	Caesarean Section	2 6	3 hours	C.
Prematurity	None	Natural Forces	4 1	6 days	B.
Maternal condition	Twin Pregnancy and Albuminuria	Forceps Delivery	4 3	28 days	C.
<i>Booked</i> (5)—					
Prematurity	None	Natural Forces	4 2	7 days	B.
Prematurity	None	Natural Forces	1 12	1 day	B.
Prematurity	None	Natural Forces	3 8	3 hours	B.
Ascites and Prematurity	None	Natural Forces	3 3	2 days	B.
Maternal condition	Pre-eclamptic Toxaemia	Surgical Induction. Natural Forces.	3 4	3 days	B.

SUMMARY OF CAUSES OF DEATH WITHIN  
FOUR WEEKS OF BIRTH.

Prematurity ... ..	5
Foetal condition ... ..	1
Maternal condition ... ..	3
Total ... ..	9

## INFANTILE MORTALITY RATE.

	<i>1937</i>	<i>1936</i>	<i>1935</i>
Of 378 infants born, 14 were still-born and 9 died ... ..	6.1%	5.3%	6.4%
Of 364 infants born alive, 9 died within 4 weeks of birth ...	2.4%	1.3%	2.0%
Of 13 premature infants born alive, 7 died within 4 weeks of birth	53.8%	21.4%	28.0%
Of 4 pairs of twins born 1 was still-born ... ..	12.5%	10.0%	



# PATHOLOGY.

130

1936

1937

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ANNUAL REPORT  
OF THE  
Medical Superintendent  
OF THE  
BOROUGH SANATORIUM  
For the Year 1937.

## STAFF.

## RESIDENT—

*Medical Superintendent*—Harold Leslie Whitchurch BEACH,  
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

## NON-RESIDENT—

*Tuberculosis Officer*—George Norman MEACHEN, M.D.,  
M.R.C.P.

## NURSING STAFF—

*Matron* : Miss F. Midgeley.

Assistant Matron and Sister Tutor (combined post) 1;  
Night Sister, 1; Staff Nurses, 13; Ward Sisters, 3;  
Probationer Nurses, 10.

In September, Dr. Norman D. Begg resigned his post as Medical Superintendent.

In March, official recognition of the Borough Sanatorium was given by the General Nursing Council of England and Wales as a complete training school for fever nurses. Probationer Nurses now have the opportunity of obtaining State Registration in Fever Nursing, after completion of two years training at this Hospital. In order to comply with the regulations of the General Nursing Council as regards the institution of a training school, the staff has been augmented by the appointment of a Sister Tutor and four Ward Sisters, one of whom acts as Night Superintendent. In addition, alterations have been completed to the four rooms in the upper floor of the Old Home, which have been converted into a Lecture Room, Practical Class Room, and Sister Tutor's Office, all of which have been adequately equipped for their required purposes.

It is anticipated that five candidates will be entering for the preliminary examination of the General Nursing Council to be held in May, 1938. They will form the first group of probationer nurses training at the Sanatorium to enter for this examination.

Great difficulty is still being experienced in obtaining suitable applicants for all grades of the nursing staff at the Sanatorium.

*Accommodation.*

The total accommodation for the patients remains unaltered. The need for an increase in the number of beds wherein cases of mixed infection and other special cases can be isolated still remains urgent. Cross infection by different strains of hæmolytic streptococci in the Scarlet Fever wards presents obstacles to the successful administration of the ward concerned and may account in some cases for the development of complications which



necessitate a prolongation of residence in hospital. These difficulties could be overcome to a large extent if there were more single or two-bed wards available, or by the provision of a cubicle ward which is now accepted as being the most successful means for combating cross infection.

#### *Clinical Statistics.*

The number of patients under treatment during the year under report was 445. This total is 15 more than the figure for 1936.

The total number of deaths, excluding those due to pulmonary tuberculosis, was 11, and their causes can be summarised as follows :—

Scarlet Fever	...	...	...	...	2
Diphtheria	...	...	...	...	4
Whooping Cough	...	...	...	...	4
Acute Miliary Tuberculosis	...	...	...	...	1

The details with regard to the patients under treatment for the year 1937 is shewn in tabular form as follows :—

	Scarlet Fever	Diphtheria	Diphtheria Carrier	Whooping Cough	Measles	Dysentery	Typhoid Fever	Paratyphoid Fever	Polio-encephalitis	Acute Polio-myelitis	Chicken Pox	Ophthalmia Neonatorum	Mumps	Acute Miliary Tuberculosis	Other Diseases	Pulmonary Tuberculosis	Totals
Remaining on 1st January 1937 ... ..	13	23	—	2	—	—	—	—	1	—	—	—	—	—	—	13	52
Admitted during the year	168	102	11	24	1	13	2	3	—	1	4	1	5	1	24	33	393
Under treatment during the year ... ..	181	125	11	26	1	13	2	3	1	1	4	1	5	1	24	46	445
Died during the year ...	2	4	—	4	—	—	—	—	—	—	—	—	—	1	—	17	28
Discharged during the year ... ..	147	95	11	22	1	13	2	2	1	1	4	1	5	—	24	13	342
Remaining on 31st December, 1937 ... ..	32	26	—	—	—	—	—	1	—	—	—	—	—	—	—	16	75

Included in the admissions are nine cases of Diphtheria and one case of Scarlet Fever which were removed from the Southend Municipal Hospital at Rochford.

The following table shews the number of cases of Scarlet Fever and Diphtheria admitted to hospital for the last ten years :—

Year	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928
Scarlet Fever ...	168	210	208	306	277	117	154	193	181	166
Diphtheria ...	102	52	125	154	77	85	89	90	65	73

*Scarlet Fever.*

The prevalent type of scarlet fever continued to be mild and only one case of the septic type was admitted during the year. The number of cases admitted during the year was 168, as compared with 210 cases during the previous year. A relapse occurred in only one patient and there was one return case. This compares favourably with similar cases occurring in other Isolation Hospitals. Thirteen patients were in residence at the beginning of the year, making a total of 181 cases which were under treatment during the year. Of these, 147 were discharged, 2 died, and 32 remained under treatment at the end of the year. The youngest patient to be admitted was 1 year old and the eldest 55 years of age.

Of the two fatal cases, one, a man aged 44 years, was admitted with a septic type of Scarlet Fever and despite the administration of large doses of intramuscular and intravenous antitoxin, death occurred on the ninth day of the disease. The second case was a man 37 years old who on admission had a mild attack of Scarlet Fever but in addition had disseminated sclerosis, from which he had been suffering for the previous six years. There was clinical evidence of advanced neurological and trophic disturbances which resulted in an increasing toxæmia, which was responsible for his death 33 days after admission. Of the 168 cases admitted, 70, or 41%, suffered from one or more complications. The following table illustrates the incidence of Scarlet Fever in relation to sex and age groups, with the frequency of complications:—

Age Group	Sex		Adenitis	Otorrhoea	Secondary Tonsillitis	Rhinorrhoea	Rheumatism	Albuminuria
	M.	F.						
0—5	8	15	5	2	—	3	—	—
5—10	42	32	13	9	5	9	1	1
10—15	27	18	6	1	2	5	1	—
15—20	1	9	1	—	2	—	2	—
20—35	1	7	—	—	—	1	1	—
35 Upwards	2	4	—	—	—	—	1	1
TOTAL	81	85	25 (15%)	12 (7.2%)	9 (5.4%)	18 (10.8%)	6 (3.6%)	2 (1.2%)

It will be noted that the incidence of Scarlet Fever is most common in the age group 5—10 years in both sexes, together with a relative increased frequency of complications in this same age group.



An outbreak of Scarlet Fever of a fairly mild type occurred in a local orphanage on the 29th December, and all cases were admitted to the Borough Sanatorium. The number of boys admitted by the end of the year was only five, but it is anticipated that the epidemic will be one of some magnitude on account of the large unsalted population of which the orphanage is composed. The average duration of residence in hospital is shewn as follows :—

Of all cases :	34.5 days,	as compared with	42.4 and 40.5 days
		in the years	1936 and 1935 respectively.
Of cases with normal convalescence	...		28.0 days
„ „ developing complications	...		44.9 days

Scarlatinal antistreptococcal antitoxin was administered in doses varying from 10 to 90 ccs. to 133 cases or 79% of all cases admitted. This serum was administered intramuscularly in all cases except one, the fatal case previously commented upon. The most common dose given was 10 ccs.

Towards the end of the year, drugs of the sulphanilamide group were prescribed for both young and adult patients in whom such complications developed as otitis media, adenitis and secondary tonsillitis. The results obtained from the exhibition of these drugs were promising and warrant a further trial of their use. Their effects on cases developing otorrhœa were especially gratifying as this complication has previously frequently necessitated a prolonged stay in hospital. An average dose of 1 gm daily for a period of four days is given to children with a second similar course repeated after an interval of a few days when indicated. There have been no apparent toxic effects from the use of this group of drugs in the small number of cases in which it has been prescribed.

It is generally recognised that the occurrence of secondary tonsillitis, adenitis and relapses occurring during the convalescence from Scarlet Fever may be due to another invading strain of hæmolytic streptococcus. As there are about 30 known strains of this organism, the majority of which can give rise to scarlet fever, it can be readily appreciated that the greater the number of patients in an open ward the greater is the possibility of cross infection with another strain occurring. This potentiality of cross infection would be considerably lessened if cases of scarlet fever could receive more strict isolation than is possible with the present accommodation available for this disease.

### *Diphtheria.*

The number of patients admitted during the year was 102, a total which is almost double of that for 1936. At the beginning of the year, 23 patients were in residence and the total number under treatment during the year was 125. Of these, 95 were discharged, 4 died, and 26 remained in residence at the end of the year. The total of 102 includes 9 patients who were transferred from the Southend Municipal Hospital. In addition, 11



cases of diphtheria carriers were under treatment during the year. The cases of diphtheria during the year can be classified as follows :—

Type of Disease	No. of cases	% Total	No. of Deaths	Fatality Rate
Faucial ... ..	77	68.1	3	3.8%
Nasal ... ..	22	19.4	—	—
Laryngeal ... ..	3	2.6	1	33.3%
Carriers ... ..	11	9.7	—	—

The faucial cases are again sub-divided according to severity :—

Mild ... ..	28 cases or 36.3%
Moderate ... ..	31 „ „ 40.2%
Severe ... ..	18 „ „ 23.3%

The following table shews the incidence in relation to sex, age group and the most common complications that occurred among the 98 cases which recovered :—

Age Group	Sex		Toxic Myocarditis	Paralysis of Palate	Ocular Palsies	Secondary Tonsillitis	Temporary Carrier
	M.	F.					
0— 5	14	11	5	4	1	2	1
5—10	14	16	4	2	1	2	2
10—15	15	8	3	1	1	2	2
15—20	—	9	—	—	—	—	1
20—25	—	6	—	—	—	—	1
25—40	3	2	1	—	—	1	—
Totals	46	52	13	7	3	7	7

From this table it is clearly evident that the younger the patient the greater is the probability of the development of complications from an attack of diphtheria. Again, the later in the disease that the patient receives specific treatment, the more frequent is the incidence of these complications. Sixty-six per cent. of the complications indicated in the above table occurred in patients who were admitted to hospital on the 4th day or later and did not receive antitoxin before admission.

The duration of illness on the day of admission to hospital in all cases of faucial diphtheria can be represented as follows :—

Day of Illness	1st	2nd	3rd	4th	5th	Later
Number of cases	3	15	27	11	8	13
% of the total	3.8	19.4	35.0	14.4	10.3	16.8

Laryngeal Diphtheria.—Three cases of laryngeal diphtheria were admitted during the year and in 6 cases of faucial type the larynx was involved. Of the nine cases, three required tracheotomy and one of these died. This fatal case was a boy 3 years old who was admitted on the third day of the disease. Tracheotomy was performed 5 hours after admission but without postoperative relief to his dyspnoea. It was observed at operation that there was also involvement by membrane of the lower inaccessible regions of the respiratory tract. The patient died 4 hours after the operation.

Fatal Cases.—In addition to the fatal case just described, 3 other deaths occurred, all of which were of the severe faucial type. The following table illustrates the details of these cases :

Sex	Age	Day of Illness on admission	Cause of Death	Day of Death
F.	2	3rd	Diaphragmatic Paralysis	34th
F.	10	4th	Toxic Myocarditis	12th
M.	6½	5th	Toxic Myocarditis	14th

Treatment.—All cases of diphtheria were given antitoxin by the intramuscular route. The dosage of antitoxin administered to the nasal and mild faucial cases varied between 8 and 16,000 units. The moderately severe faucial cases received doses from between 20 and 40,000 units, whereas 60,000 units or more were given to the severe cases. To 5 of the latter type of case 24,000 units were also introduced by the intravenous route. The maximum dose given to any one case during the year was 104,000 units.

Duration of Residence.—The average duration for all cases of diphtheria was 54.2 days, a decrease on the corresponding figures for 1936 and 1935, viz : 59.1 and 57.7 days respectively. The average duration for cases of nasal diphtheria was 38.2 days, whereas in cases of the faucial type, the average stay in hospital for uncomplicated cases was 49.8 days. In patients developing complications, the corresponding figure was 80.8 days.

*Whooping Cough.*

Two cases were under treatment at the end of the year and 24 patients were admitted during the year. The ages of the patients admitted varied from four months to 6 years and as can be seen from the following table, 58% of the cases occurred in children under 3 years of age.

Age Group	0—1	1—2	2—3	3—4	4—5	5—6	6—7
No. of Cases ...	4	8	2	—	4	2	4

Of this total of 24 cases, 13 were admitted with broncho-pneumonia, amongst whom 2 died, both deaths occurring in children 4 years of age. There were 2 other deaths, one from enteritis in a child aged 1½ years and the other in a child 1 year and 10 months old who was admitted in a condition of status epilepticus and who died 24 hours later without recovering consciousness. The fatality rate was 16.6%.

The average duration in hospital of the cases which recovered was 51.7 days.

*Dysentery*

An outbreak of B.Sonne dysentery in the district occurred in November. This coincided with a fairly widespread epidemic of a similar nature in the S.E. of England. Only a small proportion of the cases occurring in the Borough were admitted to the Sanatorium. Beds were reserved for those patients who could not be nursed satisfactorily in their own homes. All the cases admitted were of a mild type, but were characterized, however, by a very acute onset with prostration, severe abdominal pain and a very troublesome diarrhoea. The response to appropriate dietetic and therapeutic treatment was rapid and convalescence in all cases was uninterrupted and complete.

The high degree of infectivity and short period of incubation was a characteristic of the epidemic, so that in some instances all members of a family were affected within a few days and it was not uncommon to find more than one member to be affected simultaneously.

The disease occurred in patients of all ages. 13 cases were admitted to the Sanatorium, their ages varying from 5 to 35 years. The average duration of residence in hospital was 22 days.

*Enteric Fever.*

Five cases were admitted during the year, two of which were due to typhoid fever and the remainder were cases of Paratyphoid B. Fever. The youngest patient was a girl aged 5 years who in



addition to typhoid fever was suffering from lobar pneumonia. All patients made a complete and uninterrupted recovery. The average duration of stay in hospital was 62 days.

*Acute Anterior Poliomyelitis.*

One case of this disease was in residence at the beginning of the year, having been admitted 3 days previously. The patient was a girl 15 years old, in whom there was encephalitic involvement in addition, as was evidenced by the occurrence of facial, palatal and pharyngeal paresis. Paresis of both deltoid and rectus abdominis muscles supervened. After a stay of 71 days in hospital the patient was transferred for the necessary orthopædic treatment.

In September, a youth aged 16 years was admitted with this disease. This patient had unilateral paralysis of the psoas, internal rotators of the hip and quadriceps muscles of the right side. After a period of 35 days in hospital, this patient was also transferred for the continuation of the required physiotherapy.

*Acute Miliary Tuberculosis.*

A girl 4 years of age was admitted with the provisional diagnosis of meningitis. Death occurred within 24 hours of admission. Post-mortem examination revealed the condition to be one of acute miliary tuberculosis.

*Other Diseases.*

(1) Acute Tonsillitis. — Five cases were under treatment during the year, 4 of which were admitted for observation necessitated by their close clinical resemblance to faucial diphtheria. All cases were given diphtheria antitoxin and were discharged after varying periods. The diagnosis was amended after complete bacteriological investigation.

(2) Epidemic Parotitis.—Five cases were admitted to Hospital. All cases occurred in children at the Glen Children's Home of the Public Assistance Committee. All made complete recoveries.

(3) Chicken Pox.—Four cases were under treatment during the year and all had occurred in the Southend General Hospital. Two of the patients were nurses who had contracted the disease while on duty. In all patients the disease was of a mild type.

(4) Skin Diseases. — Six cases of Scabies, 4 of bulbous impetigo, 1 of the common type of impetigo and 1 of erysipelas were in residence during the year.

(5) Miscellaneous.—In this group are included 1 case of each of the following, *viz.* : Laryngitis, Ulcerative Colitis, Congenital Syphilis, Ophthalmia Neonatorum, Toxic Erythema, Influenzal Pneumonia and Anæmia.

*Staff Illness.*

The most common illness to affect both the nursing and domestic staff was acute tonsillitis, which was the cause of 9 nurses and 2 maids being off duty for short periods. One probationer nurse contracted a mild attack of chicken pox and another was transferred elsewhere for a major operation, from which she made a good recovery. Six others were off duty for short periods with minor ailments. All recovered.

*Immunization of Staff.*

This was continued with the following results :—

## (1) Against Diphtheria :

Number of nurses Schick tested	...	...	27
Number who proved susceptible	..	...	12
Rate % of susceptibles	...	...	44%
Number immunized	.	...	11

Of the number of nurses re-tested after completion of their course of immunization, consisting of 3 fortnightly injections of 1 cc T.A.F. (Evans), 3 required a fourth injection to give the necessary immunity.

## (2) Against Scarlet Fever :

Number of nurses Dick tested	...	...	26
Number who proved susceptible	...	...	6
Rate per cent. of susceptibles	...	...	23%
Number immunised	...	...	5

To nurses exhibiting a positive Dick reaction, an average dose of 30,000 skin test doses of streptococcal toxin (Evans) was given by a series of four injections of graduated dosage at weekly intervals. Four of the nurses were re-tested and one of these required a 5th dose to acquire the requisite immunity.

*Smallpox Hospital.*

For the third consecutive year this hospital was not opened for the reception of patients.

H. L. WHITCHURCH BEACH,  
*Medical Superintendent.*



Southend-on-Sea Education Committee

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ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

for the Year

1937



# CHILDREN'S CARE SUB-COMMITTEE OF THE EDUCATION COMMITTEE

WHICH CONTROLS THE SCHOOL MEDICAL SERVICE.

November, 1937 — October, 1938.

MR. F. W. SQUIER, J.P., *Chairman.*

THE MAYOR (Mr. Alderman H. A. DOWSETT, J.P.)

*Ex-Officio—*

Miss M. E. REAY, C.B.E., J.P.,  
*Chairman of the Education Committee.*

Mr. Ald. S. F. JOHNSON, J.P.,  
*Vice-Chairman of the Education Committee.*

Mrs. Coun. M. BROOM,  
*Chairman of Town Council's Infant Care Sub-Committee.*

*Members of the Education Committee—*

Mr. F. W. SQUIER, J.P.      Mrs. Coun. C. LEYLAND.  
Mr. Ald. R. V. COOK, J.P.      Mr. Coun. C. J. TUNNICLIFFE.  
Miss E. A. T. SENIER.

*Co-opted Members—*

Mr. H. PILCHER.	Mrs. LAMBERT.
Mrs. BARRIE.	Mr. W. ENEVER.
Mr. A. E. PUDDICOMBE.	Miss H. G. SMITH.
Mr. G. D. ROSE.	Mr. W. A. B. HAXELL.
Miss E. M. ALLARD.	Mrs. WHEELER.
Mr. A. C. BROWN.	

The following report is arranged in the manner required by the Board of Education :—

## I. STAFF OF THE SCHOOL MEDICAL SERVICE.

(a) Whole Time Officers.

*School Medical Officer—*

Charles Grant Pugh, M.D. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), B.Sc. (Lond.), D.P.H. (Camb.), (also Medical Officer of Health).

*Deputy School Medical Officer—*

J. Stevenson Logan, M.B., Ch.B. (Liverpool),  
D.P.H. (Liverpool).

*Assistant School Medical Officers—*

Jeannie Kean, M.B., Ch.B. (Edinburgh), D.P.H.  
(Edinburgh).

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P.  
(Lond.), D.P.H. (Manchester).

*Dentists—*

Basil Crisp, L.D.S. (Eng.).

Edgar Crees Austen, L.D.S., R.C.S. (Eng.).

*Health Visitors who also act as School Nurses—*

Miss G. Hedger.

Miss N. Hitchcock.

Miss E. Prophett (resigned June 30th).

Miss K. M. Burnett.

Miss V. Crump.

Miss M. Butcher.

Miss E. C. Brooks.

Miss N. C. Peard (resigned February 28th).

Miss P. R. Williamson (resigned March 13th).

Miss M. B. Thomas.

Miss C. E. Davies (resigned September 3rd).

Miss C. Bovington (resigned June 26th).

Miss V. H. Ferguson (commenced March 1st).

Miss M. H. Harris (commenced March 22nd).

Miss E. L. Lloyd-Davies (commenced July 5th).

Miss A. B. M. Docker (commenced September 1st).

Miss B. L. Kear (commenced September 14th).

*Clinic Nurse—*

Miss D. G. Woods (resigned February 6th).

Miss D. L. Willis (commenced March 22nd).

*Dental Nurse—*

Miss G. A. McNicol.

*Clerks—*

Miss D. I. Allsop.

Miss G. E. Kirby.

Miss M. Monro (resigned August 31st).

Miss I. C. Newman (commenced August 30th).

Miss K. D. Elliott (commenced September 1st).

## (b) Part-time Officers.

*Ophthalmic Surgeon—*

D. D. Evans, M.B., B.Ch., M.R.C.S. (Eng.),  
L.R.C.P. (Lond.), D.O.M.S.

*Surgeon for Operative Treatment of Tonsils and Adenoids—*

Mr. C. Hamblen Thomas, F.R.C.S. (Eng.).

*Orthopædic Surgeon—*

Mr. B. Whitchurch Howell, F.R.C.S. (Eng.).

*Superintendent of Remedial Treatment Centre—*

Miss Eileen Agnes Sampson (Member Chartered Society of Massage and Medical Gymnastics).  
Temporary appointment until March, 1937, when she was appointed to the permanent staff.

*Speech Therapist—*

Miss Ethel Edna Brewitt (Associate of the Society of Speech Therapists).

Of the staff of 12 Health Visitors, five resigned during the year, one on account of ill-health, one on marriage, and three on obtaining other appointments. The vacancies were in due course filled, but as the work of a Health Visitor is so largely personal in character every retirement in this grade of officer necessarily causes considerable disorganisation in the work of the Department, and is to be specially regretted seeing that a lengthy period must perforce elapse before the newcomer can exert her full influence.

II. CO-ORDINATION.—The co-ordination of the School Medical Service with all the other Health Services of the County Borough is now fully complete.

III. SCHOOL HYGIENE.—On each occasion that the schools are visited for the purpose of conducting Routine Medical Inspections the hygienic conditions of the premises are noted and reported upon. During the year extensions were made to the Southend High School for Girls and to Thorpe School. In addition work was in progress on the new Earls Hall School and the new Southend High School for Boys. Many works of a minor character have also been carried out.

IV. MEDICAL INSPECTION.—No alterations have been made in the arrangements for the conduct of Routine Medical Inspection in Elementary Schools. 4381 such inspections were carried out during the year as compared with 4813 in the previous year. The decrease occurred in the first and third age groups. The closure of the schools on account of the Coronation celebrations is, in part, the cause of the decrease. No change was made in connection with the inspection clinics.



## V. FINDINGS OF MEDICAL INSPECTIONS.

(a) *Malnutrition*.—The variability of the clinical assessment of the nutrition of children has been commented upon in previous reports. A superficial examination of the figures would suggest that there has been an improvement in the nutrition of our children, as in each age group the percentage of "A" children (excellent nutrition) has increased, the massed totals showing that 20.2% were so classified as compared with 16.6% last year. A corresponding decrease occurred in the percentage of children classified as "C" (of slightly subnormal nutrition) 9.6% being so recorded as compared with 12.5% in 1936.

The Secondary Schools figures show the same tendency, the percentage of "A" children in the Entrants age group increased from 33.7 to 36.8 in the Intermediates from 39.2 to 42.3 and in the Leavers from 44.7 to 46.7. There have been decreases in the percentage of children classified as "C" in all age groups, being greatest in the first and second groups.

Examination of the returns from individual examiners shows that the personal factor materially affects these assessments and caution must be exercised in basing any conclusions upon what is, after all, a comparatively small number of observations.

(b) *Uncleanliness*.—552 individual children were discovered with uncleanly conditions of the scalp, of whom 204 were verminous. These figures show an improvement compared with the previous year when of 693 children reported as being unsatisfactory in this respect, 216 were verminous. The improvement noted last year in the returns from Eastwood School has been maintained.

(c) *Minor Ailments and Diseases of the Skin*.—During the year 24 cases of ringworm of the scalp requiring treatment came under notice, a figure considerably in excess of those returned for late years. This increase was occasioned by an outbreak which occurred at Shoeburyness, where 21 children of school age and 5 pre-school children were so affected. Investigations showed that in August, 1936, a family returned from leave having been infected while out of the Borough, and communicated the disease to two families living near by. It is evident that contact in school played a minor part in spreading the infection, as children attending 3 separate schools were involved; moreover the last case to occur was that of a school child who had never attended any school in this area, having recently come to live in a house near to the one occupied by the family who were primarily infected, but who had played regularly with the children who were excluded from school. Steps taken to deal with the outbreak included scalp inspections in school, examination of all home contacts, regular examination and supervision of children excluded from school, and a personal visit to all

hairdressers in the area, to inform them of the dangers of the infection and to advise them as to the necessity for the proper disinfection of their appliances. The Military Authorities under whose jurisdiction many of the children lived were also informed and their co-operation requested in the supervision of children excluded from school. The Committee authorised the purchase of an ultra violet light lamp fitted with a "Wood" filter. The lamp proved most useful in demonstrations to parents of the extent of the disease, in the control of treatment, and as a proof of cure. In a few cases a thorough clinical examination revealed no evidence of the disease after treatment, but the typical appearances were evident when the lamp was employed. In all cases the lamp diagnosis was confirmed by microscopical examination and in many instances by culture also.

Experience showed the wisdom of making arrangements for X-ray treatment at a Hospital where sufficient numbers of cases are dealt with to give the operators confidence in the apparatus used. Of 10 children (8 school children and 2 pre-school children) so treated under the Authority's arrangement with the Queen Mary's Hospital for Children, Bethnal Green, complete epilation followed by a rapid cure resulted in 7 cases and the remaining child had an infection of the residual nuchal fringe which rapidly yielded to other measures. The results obtained at two other Hospitals to which 13 children were referred for X-ray treatment by parents, etc., were not so good; in some of those instances epilation was not complete. These residual infections were demonstrated both microscopically and culturally, but the clinical appearances were not typical of ringworm in that the hairs shewed much less liability to break and the usual "scurfy" appearance of the scalp was absent.

The differences between the results obtained at the three hospitals rapidly became a matter of comment in the locality affected and the ability to demonstrate to the parents by the use of the lamp the presence of infection after treatment made the continued exclusion of these children intelligible to those who otherwise would have laboured under a feeling of considerable resentment.

Considerable difficulty was experienced in the treatment of children who were not cured by X-ray application as it was considered inadvisable to use this method again. Other methods were, however, successful with all the children except the two who were first infected. They have, however, removed to another area, the School Medical Officer of which was informed of their infectivity, and the only child in Shoeburyness who is now known to be infected is a pre-school child, who should shortly be cured.

Scabies.—Last year one had to report a small increase in the number of children suffering from scabies. The figures for 1937 are more unsatisfactory, as 98 cases occurred in school



children as compared with 62 in 1936. Examination of class contacts and enquiry at the homes of affected children were carried out as a routine measure. Difficulty was experienced in persuading some parents to allow bedding to be disinfected. There are grounds for the belief that scabies has recently become more prevalent in the general population for several cases occurred at a large factory which employs many adolescent girls. Enquiry also revealed that in some instances the disease had been imported by members of the family who had been away from home, and by child visitors who had slept with the children of their hosts. In spite of the employment of half strength Ung. Sulph., many cases of dermatitis occurred, some of which became secondarily infected; these taxed alike the patience and resource of those who treated them. It was noted that children whose general condition was less satisfactory most readily developed these complications, and that lack of efficient co-operation by the parent seriously increased the difficulties of treatment. Where pre-school children were also infected, treatment was always offered, but as this could not be enforced, in some instances they proved a troublesome reservoir of infection. Another disturbing feature was the undoubted tendency to relapses shewn by several families who, after extended observations subsequent to cure, became infected again.

(d) *Visual Defects and External Eye Diseases.*—The figures for minor diseases of the eye are comparable with those of the previous year. There was a decrease in the number of children found at either Routine or Special Inspection to require treatment for defective vision, and while the number of children found at Routine Medical Inspection to be suffering from squint remained the same, the number of those so suffering who attended at Special Inspections was 47, as compared with 83 last year.

(e) *Nose and Throat Defects.*—The gross total of all defects of the nose and throat was 1,165, as compared with 1,277 in 1936, there being a decrease in each of the totals for Chronic Tonsillitis, Adenoids, and Chronic Tonsillitis and Adenoids respectively.

(f) *Ear Disease and Defective Hearing.*—Fewer children, 19 as compared with 58, were referred for defects of hearing which in the great majority of cases was only of slight degree. The incidence of otitis media remained unaltered, 156 out of 170 cases being seen at Special Inspection.

(g) *Dental Defects.*—Mr. Crisp, L.D.S., Senior School Dentist, reports that 7,801 children were inspected during the year, as compared with 9,138 the previous year. Of this number 4,781 children were found to require treatment, being 52%, as compared with 60% in 1936 and 62% in 1935. Of the 4,781 children offered treatment, 2,680 accepted, being 56%, as compared with 50% last year and 45% in 1935. Thus it will be



seen that the percentage of those receiving treatment has increased, while a decrease is shown in those requiring treatment.

The aim of the school dental service is to examine all children attending the elementary schools in the Borough at least once a year. Unfortunately, owing to the increase in the numbers accepting treatment, two of the schools were not examined within the year. With the introduction of general anæsthetic sessions now being held once weekly, it is possible to clear a bad mouth in one or two visits instead of in three or four visits necessary for the requisite extractions under a "local" anæsthetic. This speeding up of the extractions should enable all the schools to be examined within the year and also result in an increase in the number of fillings inserted.

Cases of toothache or "Specials" as they are termed, again increased to 1,440, as compared with 1,290 in 1936 and 1,195 in 1935. These are mostly children whose parents will not accept treatment when invited to do so at the routine examinations and in ten years the numbers have risen from 623 to the present figure.

With these "special" numbers increasing each year it seems that some method of elimination should be adopted whereby certain children should be excluded from further dental benefits. In the "Health of the School Child, 1933" it is suggested that children who have continually been invited to accept treatment and the parents have answered "No" every time need not thereafter be offered systematic inspection and treatment. This type of parent merits no consideration, but it is difficult to refuse succour to a child in pain, even though the suffering be the result of parental indifference.

Treatment this year consisted of 6,149 extractions, 5,004 being temporary and 1,145 permanent, as compared with 5,196 temporary and 1,188 permanent in 1936. Fillings amounted to 1,734, comprising 1,380 permanent, an increase of 192 on the previous year and 354 temporary, an increase of 94.

There seems to be a definite improvement in the attitude of the younger mothers towards the acceptance of dental treatment at the School Clinic. No doubt this is principally due to the excellent teaching they have received at the ante-natal and infant welfare centres.

Marked assistance continues to be received from the Head Teachers, many of whom investigate failures to accept treatment and successfully persuade many parents who would otherwise refuse. It is apparent that the numbers accepting treatment are an index of the activity of the teaching profession in this behalf.

(h) *Orthopædic and Postural Defects*.—There are marked differences in the number of postural defects reported from the elementary and secondary schools respectively. Much of the

disparity is due to the fact that these defects largely occur in the age groups most commonly encountered in the secondary schools. In the present conditions the medical officers display a natural tendency to exploit to the full the facilities for remedial treatment which are afforded at the secondary schools for minor degrees of postural defects, and in the case of elementary school children to limit recommendations for treatment to those whose condition warrants the expenditure of time and effort inseparable from present conditions. The incidence of serious orthopædic defects which is low remains fairly constant from year to year.

(i) *Heart Disease and Rheumatism*.—The incidence of serious heart disease happily remains very slight, only 11 children being returned as suffering from serious cardiac conditions. Rheumatism of a mild and intermittent character continues to be frequent, but seems to result in very little permanent damage, at least in the age groups with which the School Medical Service has to deal.

(j) *Tuberculosis*. — This has remained a somewhat rare condition.

VI. FOLLOWING UP AND WORK OF NURSES.—With the exception of minor improvements which are introduced from time to time, the arrangements in this connection remained unaltered. The following is a summary of the work done by the nurses :

	No. of Children.	No. of Visits.
Enlarged tonsils, adenoids, or mouth breathing	429	675
Squint or defective vision .. .. .	192	344
Deformities .. .. .	168	338
Uncleanliness .. .. .	401	590
Infectious Diseases .. .. .	640	1,348
Contagious Skin Diseases (Impetigo, Scabies, Ringworm) .. .. .	237	606
Malnutrition, neglect, etc. .. .. .	75	145
Defective Teeth .. .. .	38	47
Tuberculosis .. .. .	28	148
Other conditions, e.g. :—Blepharitis, Bronchitis, Otorrhœa, etc. .. .. .	916	1,392
Totals ..	3,124	5,633

## VII. ARRANGEMENTS FOR TREATMENT.

(a) *Malnutrition*.—The Education Committee continues to supply free meals, free milk, Cod Liver Oil & Malt, and Parrish's Chemical Food to necessitous children upon the recommendation of the School Medical Officer. The children thus treated are regularly re-inspected as to their progress.

(b) *Uncleanliness*.—Children are cleansed at the School Clinic when by reason of illness or incapacity this cannot be done by the parent, and in addition, facilities are provided there, whereby parents can undertake the cleansing of their children under the supervision of the Clinic Nurse. During 1937, 50 children were cleansed, no recourse to compulsory powers being necessary. Proceedings were taken under the School Attendance Bye-laws in respect of 18 children excluded for uncleanliness.



(c) *Minor Ailments.* — The Minor Ailment Treatment Centre at Southend is open each morning for treatment and a Medical Officer attends there every afternoon.

A Medical Officer attends at Eastwood on Mondays at 10 a.m., at Shoeburyness on Tuesdays at 2.15 p.m., and at Leigh at 5 p.m. on the same day.

The arrangements are adequate for the centre of the Borough, and the judicious defrayal of travelling expenses by the Committee ensures that children in the outer parts of the Borough can secure treatment. The need for the proposed clinics at Leigh, Shoeburyness and Eastwood becomes more manifest as time goes on, and when these are provided the facilities for treatment will be both comprehensive and complete.

Radiological treatment of scalp ringworm is carried out at the Queen Mary's Hospital for Children, Bethnal Green, and in suitable cases the whole or part of the cost involved is defrayed by the Committee. In 1937, 8 school children and 2 pre-school children received treatment under these arrangements, the cost in the case of the latter children being defrayed by the Maternity and Child Welfare Committee.

The following table shows the conditions for which children received treatment at the Treatment Centre :—

	Children	No. of Attendances
Verminous or Nitty Hair ... ..	50	89
Ringworm—body ... ..	2	13
Impetigo ... ..	59	341
Scabies ... ..	31	479
Other Skin Diseases ... ..	12	120
Conjunctivitis, Blepharitis, etc. ... ..	14	73
Ear Discharge, Wax in Ear, etc. ... ..	96	766
Cuts, Abrasions, Burns, etc. ... ..	87	303
Totals ...	351	2,184

(d) *Visual Defects and Diseases of the Eye.* — Children requiring treatment are referred to the Committee's Ophthalmic Surgeon who attends twice weekly. Spectacles are dispensed to his prescription by a local firm of opticians under contract and are verified after supply. Last year spectacles were provided for 38 necessitous children at the expense of the Education Committee.

The Eye Clinic was held on 93 sessions during the year, the number of children treated and the number of attendances being as follows :—

	New Cases.	Old Cases.	Attendances.
Elementary Pupils ... ..	332	282	1,653
Secondary Pupils ... ..	99	154	548
Young Children under 5 ... ..	40	16	154
Junior Instruction Centre Pupils ... ..	17	—	33
Totals ...	488	452	2,388



During 1937, 4 school children were found suffering from phlyctenular conjunctivitis as compared with 12 school children and 3 pre-school children found so suffering last year. One school child and 2 secondary school pupils attended with eye injuries as compared with 8 school children in the previous year. Six cases of congenital cataract were reported in school children and a further case of this condition occurred in a Junior Instruction Centre pupil. In addition there were 3 cases of choroiditis, one of Iridocyclitis, 3 of exophoria without refractive error and 3 cases of hysterical amblyopia.

The following table shows the results of the refractions:—

Defect	Elementary School Children	Secondary School Children	Young Children under 5	Junior Instruction Centre	Total
Myopia—Uncomplicated	70	78	—	6	154
with Squint ...	2	—	—	—	2
Simple Myopic Astigmatism ... ..	7	3	—	1	11
Compound Myopic Astigmatism ... ..	65	74	1	4	144
with squint ...	—	1	—	—	1
Hypermetropia ... ..	84	21	3	1	109
with Squint ...	48	6	14	—	68
Simple Hypermetropic Astigmatism ... ..	49	15	2	3	69
with Squint ...	5	1	—	—	6
Compound Hypermetropic Astigmatism ...	112	18	2	—	132
with Squint ...	48	7	11	—	66
Mixed Astigmatism ...	7	11	—	1	19
Anisometropia ... ..	3	—	—	1	4
Compound Hypermetropic Astigmatism with Nystagmus ... ..	3	—	—	—	3
Compound Myopic Astigmatism with Nystagmus	1	—	—	—	1
No error of refraction ...	38	4	8	—	50
One attendance ... ..	9	5	—	1	15

(e) *Tonsils and Adenoids*.—Operative treatment of tonsils and adenoids is provided at the Southend General Hospital where the children are detained for two nights or as long as necessary subsequent to the operation. Before admission, all children who

are recommended for operation are examined by the Surgeon at special clinics which are held at intervals of a month or less. Of 339 children seen at these sessions by the Specialist Surgeon, 280 were in attendance at elementary schools, 4 were at secondary schools and 55 were pre-school children.

With the exception of a few children operated upon privately, who last year numbered 2, the whole responsibility for the operative treatment of Tonsils and Adenoids has devolved upon the School Medical Service, as the voluntary hospital of the area in common with those of the Metropolis has more and more refused to provide such treatment as can be obtained under the Education Committee's schemes. Opportunity was taken of a recent conference with the Board of Management of the Southend General Hospital to emphasise that the facilities provided by the Education Committee could only be available to such children as were referred by the Committee's Officers.

The following table summarises the work done under this scheme :—

Number of children who received operative treatment—

Elementary school children ... ..	339
Secondary school children . . . . .	2
Young children under 5 ... ..	57
Total ... ..	398

	Elementary School Children.	Secondary School Children.	Young Children Under 5.
Number of children whose parents contributed whole or part of cost ...	107	—	16
Number of Hospital Provident Fund Cases† ... ..	136	1	19
Number of L.M.S. Hospital Fund Cases† ... ..	8	—	—
Number of cases in which no charge was made ... ..	88	1	22
Totals	339	2	57

Contributions made by parents.

	£	s.	d.
Elementary School Children ... ..	139	14	3
Secondary School Children ... ..	—	—	—
Young Children under 5 ... ..	12	0	6

† The amount recoverable in respect of the 164 Provident Fund and L.M.S. Hospital Fund cases is 10/- per case.

(f) *Ear Disease and Defective Hearing.* — Where necessary, children who require treatment for these defects are referred to the Specialist Surgeon's clinic. Several factors prevent these defects receiving the consideration which they undoubtedly warrant. It is difficult to persuade many parents of the necessity of continued treatment of a discharging ear which has become accepted as normal, and lack of Clinic facilities in the more

remote areas of the Borough prevents, in many instances, the child obtaining regular and skilled daily treatment. The existing medical staff are fully occupied and the increase in the demands upon their time renders it impossible to organise a special clinic where the systematic treatment and observation of these conditions could be undertaken.

(g) *Dental Defects*.—Dental treatment is available for all elementary school children at the school clinic where two full time dental surgeons are engaged. The dislocation of the routine work which is occasioned by children who require emergency treatment, grows from year to year and is now a problem of some magnitude. The Dental Service will not be fully efficient until subsidiary branch clinics are available in the remoter areas of the Borough, although remission of the usual fee in suitable cases, to offset the cost of travelling, helps in a small measure to overcome this difficulty. The replacement of obsolete equipment and the provision of a gas and oxygen apparatus have been approved by the Committee and will lead to increased efficiency in the working of the Dental Clinic.

(h) *Orthopædic and Postural Defects*.—The arrangements for the treatment of Orthopædic and Crippling defects are satisfactory and the full co-operation of the staff at the Southend General Hospital secures its frictionless working. The Committee has sanctioned procedure which prevents any delay in the provision of appliances for children whose parents find it difficult to pay the whole or part of the cost involved. A copy of the notes made by the Surgeon on each case is sent to the Health Visitors so that in the course of their ordinary visits they can secure that the advice given is carried out, and that appliances are worn and maintained in good order. They also report any changes which make it desirable for the child to be seen by the Surgeon sooner than was anticipated would be necessary.

In-patient treatment is provided upon the recommendation of the Specialist Surgeon, and during the year 7 elementary school children, 1 secondary school child and 3 pre-school children were so treated.

The following is a classification of the conditions treated :—

			Elementary School Children.	Secondary School Children.	Young Children under 5.	Total.
Congenital Conditions.						
Dislocation of hip	...	...	2	—	—	2
Erb's Paralysis	..	...	2	—	—	2
Talipes	...	...	2	—	2*	4
Flexion Deformity	...	...	1	—	—	1
Spina Bifida	...	...	1	—	—	1
Shortening of lower limb	...	...	1	—	2*	3



Rickets and its sequelæ	...	...	—	—	10*	10
Nervous Conditions.						
Spastic hemiplegia	...	...	2*	—	1	3
Spastic diplegia	...	...	4*	—	1	5
Old poliomyelitis	...	...	4	1*	—	5
Tuberculosis.						
Spine	...	...	1	—	1	2
Hip	...	...	5*	—	—	5
Postural Defects.						
Kypholordosis	...	...	1	—	—	1
Kyphosis	...	...	2	—	—	2
Scoliosis	...	...	8	—	—	8
Flat feet	...	...	9*†	—	11†	20
Miscellaneous.						
Torticollis	...	...	1	—	1	2
Old Osteomyelitis	...	...	3	—	—	3
Schlätter's Disease	...	...	3	—	—	3
Köhler's Disease	...	...	1	—	—	1
Coxa Vara	...	...	—	—	1	1
Genu Valgum	...	...	4†	—	4†	8
Hammer Toe	...	...	1*	—	2	3
Arthritis	...	...	—	1	—	1
Not classified	...	...	14	—	6	20

In-patient hospital treatment was provided for cases designated thus \*.

† Two children suffering from Flat Feet and two children suffering from Genu Valgum received treatment under both the Education and the Maternity and Child Welfare Committees' Schemes.

*The Remedial Treatment Centre.*—Children are referred to the Centre by the Medical Officers and any remedial treatment advised by the Specialist Surgeon is carried out there. The Superintendent attends at each Quarterly Clinic held by the Surgeon, and re-inspections at the Centre are made by one of the Medical Officers. As has been remarked in previous reports the Centre is not completely satisfactory. The premises leave much to be desired and the interruption of the curriculum which attendance there necessarily involves, discourages the average parent from accepting treatment. It is hoped that with the growing interest in physical education resulting in the provision of improved facilities in schools, much of the remedial work will come to be undertaken within the framework of the school curriculum, as is at present done in the secondary schools. The Centre would then serve for the treatment of defects which could not be suitably treated in school and for the education and training of teachers who are interested in remedial methods.

Miss E. A. Sampson, Superintendent of the Centre, reports that with very few exceptions the children take a keen interest in the exercises and that a great improvement has been noticed in the posture of the majority of the children treated.

During the year 58 children were in attendance, of whom 9 left school, a similar number ceased to attend and 20 were discharged as no longer requiring treatment.

The following table shews the number of children who received treatment for various conditions:—

Scoliosis	...	...	...	...	7
Kyphosis	...	...	...	...	16
Lordosis	...	...	...	...	3
Faulty Posture		...	...	...	10
Pigeon Chest	...	...	...	...	3
Flat Feet	...	...	...	...	12
Knock Knee in addition to other defects	...	...	...	...	7
					<hr/> 58 <hr/>

(i) *Heart Disease and Rheumatism*.—In-patient treatment for these conditions is available at both general hospitals of the area. During the year one child suffering from severe heart disease was maintained in Queen Mary's Hospital, Carshalton, and one in Norwood Children's Hospital. Children suffering from cardiac conditions are regularly supervised as long as it is necessary.

(j) *Tuberculosis*. — The Council's Tuberculosis Officer attends weekly at the Open Air School, and all children suffering from definite or suspected Tuberculosis are referred to him at the Dispensary.

(k) *Speech Defects*.—Dr. Preston, who supervises the work of the Speech Clinic reports that:—

The Speech Clinic has been in operation since October, 1936, and it is now possible to review the progress made and the adequacy of the arrangements. The Clinic has been held on two afternoons each week during school terms, each child attending on one day only. By this means it has been possible for 24 children to attend each week. The total attendances during 1937 were 728 out of a possible 913. In March, 1937, the Committee authorised the holding of one additional session per month to enable the Speech Therapist to visit the schools attended by the children under treatment. This has proved very valuable in securing the co-operation and interest of the Head Teachers and providing the Speech Therapist with information as to the social background and special difficulties of the children.

During 1937, six children have been discharged, five cured and one improved, but to remain under observation. Two others were discharged improved, on leaving school; two have left the district, and two ceased to attend. In order to "follow up" discharged cases contact is maintained with the Head Teacher for a period of one year. Up to the present no relapses have been reported.

The treatment of Speech Defects is always a lengthy process. The progress made by the majority of the children treated during 1937 has been highly satisfactory, as shown by reports



from Head Teachers and parents, but it is considered that some of those with severe defects would have made more rapid progress had it been possible for them to attend twice weekly instead of once. Although it is recognised that more frequent treatment is desirable, consideration has had to be given to the relatively large number of children awaiting treatment. There is at present a delay of several months between the time when a child is referred for treatment and the commencement of attendance at the Clinic.

For the purpose of group treatment, Speech Defects have to be divided into three main categories :—

- i. Stammering.
- ii. Physical Defects—Cleft Palate, Hare Lip, &c.
- iii. Minor Defects of Articulation.

It is not possible to treat satisfactorily the children with one type of defect in the same class with those of another type. During 1937 it has only been possible to deal with the children in Groups i. and ii. There are a number of children in Group iii. on the waiting list for whom it has not yet been possible to undertake treatment.

As regards Group i, the Stammerers, the position is fairly satisfactory; that is to say, the occurrence of vacancies approximately balances the additions to the waiting list. In the case of Group ii (chiefly cleft palates) the treatment of each case occupies a very long time, so that vacancies are infrequent and although the total number of such cases is not large, there is unavoidable delay in beginning treatment.

In view of the size of the waiting list and the fact that treatment for these conditions became available for the first time in October, 1936, it has been necessary to have recourse to selection in deciding which cases should be given the vacancies when they occur. Vacancies have been given where possible to

- (a) Children with severe defects.
- (b) Children in the older age-groups, who might otherwise leave school before treatment was concluded.

It is evident that the results obtained are satisfactory, and the comments of both Head Teachers and parents alike are most encouraging. That the children treated have shown a marked improvement in their general attitude towards all school activities is a gratifying feature of these reports. It is apparent that there is a need to increase the number of sessions from two to three per week upon which the Speech Therapist attends, and the Committee has recently sanctioned her appointment for the additional session.



VIII. INFECTIOUS DISEASES.—The arrangements which exist for the notification of any absences which may be due to infectious disease, for the inspection of class contacts, for the investigation of school outbreaks and for the isolation of home treated cases continue to be satisfactory.

No action as regards school closure under Article 22 of the Code Grant Regulations was necessary.

IX. OPEN AIR EDUCATION.—A report on the Open Air School appears in the section headed Special Schools.

*Open Air Classrooms.* — Four classrooms at Thorpe Infants' School can be converted into open air classrooms as the windows fold back.

School journeys are organised on the initiative of the Head Teachers and usually occur in vacation time. When the children require to be absent for longer than one day, either on a school visit or attending a school camp they are medically examined prior to departure.

*School Camps.*—These are organised by the Head Teachers, the Education Committee accepting no responsibility for them.

X. PHYSICAL TRAINING. — Two area organisers of physical training have recently been appointed, one of whom has not yet commenced duty. The Assistant Medical Officers advise Head Teachers in all cases where restriction of games and exercises is desirable, and indicate those children who require special supervision with regard to posture.

XI. PROVISION OF MEALS. — In connection with Eastwood School, the Committee maintains a feeding centre. In other areas necessitous children are fed at the premises of local caterers to which members of the Committee pay regular visits. The need for a school canteen at Eastwood School is as great as ever.

The Milk in Schools Scheme owes a great deal to the active interest and co-operation of the teachers. At the end of the last financial year, *i.e.*, 1937-38, 5,810 children were obtaining milk from this source on payment by their parents. Children are supplied with free milk, Cod Liver Oil and Malt, and Parrish's Food upon the recommendations of the Medical Officers where the economic circumstances of the family warrant this course. All such children are regularly inspected.

During the financial year the following were supplied by the Committee :—

				No.	Cost			
					£	s.	d.	
Meals supplied (dinners)	...	...	...	17,057	360	0	0	(food only)
Milk ( $\frac{1}{8}$ pints)	...	...	...	107,943	224	17	8	
Malt and Oil (1lb. tins)	...	..	..	344	10	15	0	
Parrish's Chemical Food (6oz. bottles)				183	5	14	4	
Glucose (lbs.)	...	...	...	4		5	0	

(£1 4s. 3d. was received from parents.)

XII. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.—This has been

discussed in previous reports and is satisfactory. During the year 89.3% of entrants were accompanied by parents at Routine Medical Inspection compared with 94% in 1936. The comparable figures are 84.3% for intermediates, 49.1% for leavers and 79.2% for other routine examinations. In 1936 the figures were 79%, 52% and 73.5% respectively.

### XIII. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) The ascertainment of defective children is complete and the arrangements for dealing with them are satisfactory.

(b) The provision of experimental classes for backward children has enabled children who are stable and who give promise of being self supporting in after life, to be retained in Elementary Schools, with considerable benefit to themselves and without any detriment to the interests of other children. Mentally Defective children who are outside the jurisdiction of the Education Committee are supervised by the Health Visitors in accordance with the Mental Deficiency Acts.

#### (c) SPECIAL SCHOOLS.

(i) *The Open Air School*.—The success of this institution remains unabated and full use of the accommodation available was made during 1937. On January 1st, 1937, 94 children were on the roll, and 48 children were admitted during the year; 31 returned fit to elementary schools; removals and those who became over age accounted for a further 17 withdrawals.

The Tuberculosis Officer who is responsible for the supervision of the children attending this school, reports that 226 special inspections and 579 re-inspections were made, the following defects being found:

Defect.	Requiring treatment.	Requiring observation.
Impetigo ... ..	10	—
Other diseases of the skin ... ..	4	4
Conjunctivitis ... ..	—	1
Defective vision ... ..	10	5
Squint ... ..	3	—
Otitis Media ... ..	5	—
Chronic tonsillitis ... ..	1	16
Chronic tonsillitis and adenoids ... ..	4	12
Cervical adenitis (non tubercular) ... ..	—	1
Defective speech ... ..	—	1
Organic Heart Disease ... ..	2	2
Functional Heart conditions ... ..	—	1
Anæmia ... ..	—	16
Asthma ... ..	5	8
Other non-tuberculous diseases of chest ... ..	6	24
Tuberculosis—Pulmonary ... ..	—	2
Tuberculosis—Glands .. ..	—	3
Tuberculosis—Bones and Joints ... ..	—	1
Tuberculosis—Skin ... ..	—	1
Tuberculosis—Other forms .. ..	1	4
Epilepsy .. ..	2	—
Chorea ... ..	1	—
Other nervous conditions ... ..	—	13
Rickets ... ..	—	4
Other Deformities ... ..	6	4
Debility ... ..	—	46



No child suffering from Tuberculosis in an infective form is permitted to attend the Open Air School, the children noted above as suffering from Pulmonary Tuberculosis being instances of infection of the bronchial glands only.

(ii) *Special School for Feeble Minded Children*.—At the end of the year there were 34 children on the roll. The additional facilities which this school now provides include a training in domestic science for the girls and gardening for the boys. The benefits of practical education of this kind are quite appreciable especially with certain types of defective children.

(iii) *Special Residential Schools not maintained by the Authority*.—Children were maintained in the following Special Residential Schools during 1937 :—

Blind	Boys.	Girls.
East London School ... ..	1	2
East Anglian School ... ..	—	1
Royal Normal School ... ..	3	1
Chorley Wood School ... ..	—	1
Brighton School for Blind Boys ..	1*	—
Swiss Cottage Blind School ... ..	—	1
Deaf		
Royal School for Deaf, Margate... ..	3*	—
Rayner's School, Penn ... ..	1	—
Anerley School for Deaf ... ..	1*	—
Physically Defective		
St. Vincent's Orthopaedic Hospital ... ..	1†	—
Queen Mary's Hospital, Carshalton ... ..	—	1†
Norwood Hospital ... ..	1	—
Russell Coate's Home, Clacton ... ..	1*†	—
St. Patrick's Open Air School, Hayling Island ... ..	—	1*†
Cheyne Hospital for Sick and 'Incurable Children ... ..	—	1*
Epileptic		
Lingfield Epileptic Colony ... ..	1	1
Feeble-minded		
Royal Eastern Counties Institution for the Feeble-minded ... ..	7†	—
Kingsmead Special School for the Feeble-minded ... ..	—	1
Rayner's School, Penn ... ..	—	1
Besford Court Certified Institution ... ..	1	—
Marlesford Lodge School, Hammersmith ...	—	1*
Acre Lane Special School ... ..	1*†	—

\* Indicates a child for whom responsibility was accepted from another Authority during the year.

† Indicates a child who was discharged during the year.

XIV. FULL TIME COURSES FOR HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE. AND EPILEPTIC STUDENTS.—One blind female pupil is receiving instruction at Chorley Wood College and one male is receiving instruction in basket making at Swiss Cottage.

XV. NURSERY SCHOOLS.—No Nursery Schools or Classes are provided by the Authority.



## XVI. SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

1 (a) *Medical Inspection*.—The Authority provides two secondary schools for boys and two for girls, as well as a Municipal College to which pupils of either sex are admitted.

(b) Medical Inspections are conducted on two occasions during the school year and are similar in scope to the Routine Medical Inspection held in the elementary schools except in so far as differences in age call for modifications. Pupils are inspected during the year in which they enter the school, thereafter at two yearly intervals and a final inspection is made during the year when it is anticipated that the pupil will leave school. All pupils with defects are systematically re-inspected.

During 1937 the majority of the special place entrants were examined during the summer term, that is, before entry to the secondary school. By this means it was possible to report to the Authority as to the physical fitness of the children for secondary education and to advise parents to secure treatment for defects before the child entered upon its secondary school life. The results of this change have been satisfactory and it is anticipated that similar arrangements will be made in the future.

The conditions in which inspection is performed in the Girls' Schools occasion little criticism, and in both the new Southend High School for Boys and the proposed Municipal College it is understood that suitable provision for the requirements of medical inspection has been made. The circumstances in which medical inspection is conducted at the Westcliff High School for Boys have been adversely commented upon in a previous report, but of necessity remain unaltered at the present time.

(c) With the exception of certain full time senior technical students and part time pupils attending the Municipal College, all pupils at these institutions are inspected.

2 (a) *Following up and Medical Treatment*. — Parents attending the inspections are advised how best any treatment recommended may be obtained, and others are so informed by post. The Principals receive particulars of all defects which are of concern to the school, or in obtaining treatment for which their co-operation is desirable. They are also informed of any children for whom modifications of the school curriculum are desirable.

Pupils are systematically re-inspected until treatment is obtained and the co-operation of the Principals have proved of great assistance in this matter.

Dental defects, defects of vision and faulty posture are numerically the most important matters requiring treatment. The few cases of malnutrition discovered have been most sympathetically dealt with by the respective Governors and the majority of pupils who receive free meals have shown a gratifying response. Pupils who fail to make the educational progress anticipated of them are early referred for special inspection.

(b) The only treatment ordinarily provided for secondary school pupils is for errors of refraction.

(c) The Governors always sanction such treatment as is ordinarily available to elementary school children being given to the children of parents who cannot afford to obtain the treatment privately.

XVII. PARENTS' PAYMENTS.—No contribution is required from parents who are members of the Southend-on-Sea General Hospital Provident Fund, in respect of in-patient treatment and attendance at the Physiotherapy Department in connection with the Orthopædic Scheme. Otherwise no alteration has been made in the arrangements set out in the report for 1935.

XVIII. HEALTH EDUCATION. — Members of the department always endeavour to accede to requests to lecture before suitable organisations, but no propaganda is initiated by the School Medical Service.

XIX. SPECIAL ENQUIRIES.—No special investigations have been undertaken during the year.

XX. JUNIOR INSTRUCTION CENTRE.—Routine Medical Inspection is held on two sessions each month at the Junior Instruction Centre, a session being devoted to pupils of each sex. All treatment, including dental treatment, ordinarily available for elementary school children is afforded to such pupils as are ineligible for medical benefit under the National Health Insurance Acts. A striking difference is to be observed in the attitudes customarily taken up by pupils of the two sexes towards the dental treatment offered. The males are generally quite indifferent and rarely seek dental treatment, but the females are ordinarily very desirous of being rendered dentally fit and a large amount of conservative work has been done for them.

Careful attention is paid to the nutritional state of these pupils and where necessary, extra nourishment either by way of free meals or free milk, is provided.

The scheme which has been favourably commented upon, overcomes the difficulty which is occasioned by the temporary nature of the attendance made by many of the pupils. The following figures relate to the period April 1st—December 31st.



	Boys	Girls	Total
1. Medical and Dental Inspection.			
No. of Visits of Inspection ... ..	7	7	14
Total No. of inspections and re-inspections	125	116	241
No. of individuals inspected :—			
By the School Medical Staff ... ..	110	92	202
2. Juveniles inspected during the period who were found to require treatment.			
No. of individuals found to require			
(a) Medical treatment :—			
i. Milk ... ..	2	1	3
ii. Other forms ... ..	14	15	29
(b) Dental treatment ... ..	12	35	47*
3. Juveniles inspected during the period who were actually treated.			
No. of individuals actually treated.			
	Under the Authority's Scheme.		Otherwise.
	Boys.	Girls	Boys. Girls.
(a) Medical Treatment.			
i. Milk ... ..	2	—	—
ii. Other forms ... ..	6	9	1 —
(b) Dental Treatment ... ..	9*	40*	— —
4. Defects treated during the Period.			
	Under the Authority's Scheme.		Otherwise.
	Boys.	Girls	Boys. Girls.
(a) Eye Defects ... ..	6	6	— —
Number for whom spectacles were provided ... ..	3	4	— —
(b) Ear Defects ... ..	—	—	— —
(c) Minor Ailments ... ..	—	3	1 —
(d) Defects of nose and throat—			
i. operative treatment ... ..	—	—	— —
ii. other forms ... ..	—	—	— —
(e) Orthopædic defects ... ..	—	—	— —
(f) Dental defects ... ..	13	46	— —
(g) Other defects ... ..	—	—	— —
Malnutrition (included in 3 (a) i.)	1	—	— —

NOTE.— \* Juveniles attending the Junior Instruction Centre are eligible for dental treatment as soon as they commence attendance there. In consequence some of them begin dental treatment *before* they are routinely inspected. This accounts for the apparent anomaly that more girls received dental treatment than were found at Routine Medical Inspection to require dental treatment.

XXI. MISCELLANEOUS. — The Medical Officer advises the Committee with regard to the physical fitness of candidates for appointment and reports upon the health of members of the Committee's staff who are referred to him.

*Employment of Children.*—No child is permitted to engage in Juvenile Employment unless a certificate of fitness is obtained from the School Medical Officer. During the year 246 children were so examined and 237 were passed as medically fit, and 9 were certified to be unfit.



## Elementary Schools.

### RETURN OF MEDICAL INSPECTIONS.

1st January, 1937, to 31st December, 1937.

TABLE I.

#### A.—Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	1,483
Intermediates	...	...	...	...	...	...	1,193
Leavers	...	...	...	...	...	...	1,128
Total							3,804
Number of other Routine Inspections							577
Grand Total							4,381

#### B.—Other Inspections.

Number of Special Inspections	...	...	...	6,757
Number of Re-inspections	...	...	...	8,752
Total				15,509

#### C.—Children Found to Require Treatment.

(excluding Defects of Nutrition, Uncleanliness and Dental Diseases)

	For defective vision (excluding squint)	For all other conditions recorded in Table IIa.	Total
Prescribed Groups :—			
Entrants	2	120	122
Second Age Group	33	106	139
Third Age Group	50	105	155
Total (Prescribed Groups)	85	331	416
Other Routine Inspections	27	54	81
Grand Total	112	385	497

## ELEMENTARY SCHOOLS.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR.

						Routine Inspections. No. of Defects		Special Inspections. No. of Defects	
						Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin	...	(1) Ringworm—Scalp ... ..	—	—	24	—			
		(2) Ringworm—Body ... ..	2	—	17	—			
		(3) Scabies ... ..	11	—	87	—			
		(4) Impetigo ... ..	9	—	421	—			
		(5) Other Diseases (Non-Tuberculous)	34	6	376	35			
		Total (Heads 1 to 5) ...	56	6	925	35			
Eye	...	(6) Blepharitis ... ..	19	1	29	—			
		(7) Conjunctivitis ... ..	9	—	99	4			
		(8) Keratitis ... ..	—	—	2	—			
		(9) Corneal Opacities ... ..	—	1	1	1			
		(10) Other Conditions (excluding Defec- tive Vision and Squint) ...	3	6	85	8			
		Total (Heads 6 to 10) ...	31	8	216	13			
Ear	...	(11) Defective Vision (excluding squint)	112	152	359	24			
		(12) Squint ... ..	28	22	45	2			
		(13) Defective Hearing ... ..	2	12	4	1			
		(14) Otitis Media ... ..	12	2	153	3			
		(15) Other Ear Diseases ... ..	1	1	79	6			
		(16) Chronic Tonsillitis only ... ..	9	139	156	34			
Nose and Throat		(17) Adenoids only ... ..	13	32	9	8			
		(18) Chronic Tonsillitis and Adenoids...	85	93	198	27			
		(19) Other Conditions ... ..	22	13	316	41			
		(20) Enlarged Cervical Glands (Non-Tuberculous) ...	1	17	55	39			
(21) Defective Speech ... ..		3	7	4	1				
Heart and Circulation		Heart Disease :—							
		(22) Organic ... ..	—	26	3	6			
		(23) Functional ... ..	—	96	4	5			
		(24) Anaemia ... ..	14	—	59	17			

## ELEMENTARY SCHOOLS.

TABLE II.—*continued.*

						Routine Inspections No. of Defects		Special Inspections No. of Defects	
						Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Lungs	...	(25) Bronchitis	...	...	...	20	33	64	2
		(26) Other Non-Tuberculous Diseases...				6	45	89	39
Tuberculosis	{	Pulmonary :—							
		(27) Definite	...	...	...	—	—	—	2
		(28) Suspected	...	...	...	—	—	4	—
		Non-pulmonary :—							
		(29) Glands	...	...	...	1	4	1	3
		(30) Bones and Joints	...	...	...	—	3	4	3
		(31) Skin	...	...	...	—	—	—	1
		(32) Other Forms	...	...	...	—	1	—	4
Total (Heads 29 to 32) ...						1	8	5	11
Nervous System		(33) Epilepsy	...	...	...	1	4	3	3
		(34) Chorea	...	...	...	1	5	11	3
		(35) Other Conditions	...	...	...	—	15	18	23
Deformities		(36) Rickets	...	...	...	—	—	—	5
		(37) Spinal Curvature	...	...	...	24	32	8	7
		(38) Other Forms	...	...	...	65	14	81	28
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)						62	84	1693	431
Totals ...						569	866	4561	816



B. CLASSIFICATION OF THE NUTRITION OF CHILDREN  
INSPECTED DURING THE YEAR IN THE ROUTINE AGE  
GROUPS.

Age-groups	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1483	299	20.2	1078	72.7	106	7.2	—	—
Second Age-group	1193	214	17.9	830	69.5	149	12.5	—	—
Third Age-group	1128	277	24.5	742	65.8	109	9.7	—	—
Other Routine In- spections ...	577	96	16.6	424	73.4	56	9.7	1	0.2
Total ...	4381	886	20.2	3074	70.2	420	9.6	1	0.0

ELEMENTARY SCHOOLS.

TABLE III

RETURN OF ALL EXCEPTIONAL CHILDREN IN  
THE AREA.

BLIND CHILDREN.

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
7	—	—	1	8

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
4	—	9	1	2	16

## DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
6	—	—	1	7

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	1	—	—	1

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
42	9	3	8	62

## EPILEPTIC CHILDREN.

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	1	—	1	4

## PHYSICALLY DEFECTIVE CHILDREN.

## A.—TUBERCULOUS CHILDREN.

## I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	1	1	2	5

## II. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
16	26	6	2	50

## B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
77	7	—	11	95

## C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
7	25	6	5	43

## D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	4	1	4	11



## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institut'n	Total
Deaf, Dumb and Epileptic	1	—	—	—	1
Crippled and Feeble-minded	1	—	—	1	2

## ELEMENTARY SCHOOLS.

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR.

## TREATMENT TABLE.

## GROUP I.

MINOR AILMENTS (excluding uncleanliness, for which see Group V.)

Disease or Defect  1	Number of Defects treated, or under treatment, during the year		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
Skin—			
Ringworm (Scalp)—			
i. X-Ray Treatment ...	8	12	20
ii. Other ... ..	—	4	4
Ringworm (Body) ... ..	2	16	18
Scabies ... ..	31	67	98
Impetigo ... ..	59	370	429
Other Skin Diseases ... ..	12	212	224
Minor Eye Defects—			
(External and other but excluding cases falling in Group II) ... ..	14	115	129
Minor Ear Defects ... ..	96	128	224
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...	87	609	696
Total ...	309	1533	1842

## ELEMENTARY SCHOOLS.

TABLE IV.—*continued.*

## GROUP II.

## DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease	No. of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including squint) ... ..	502	1	503
Other Defects or Disease of the eyes (excluding those recorded in Group I) ... ..	30	2	32
Total ...	532	3	535

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	400
(b) Otherwise	..	...	2
Total	...	...	402

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	*361
(b) Otherwise	...	...	2
Total	...	...	363

\*Excluding change of lens or repairs to frames, etc.

ELEMENTARY SCHOOLS.

TABLE IV.—*continued.*

GROUP III.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects									
Received Operative Treatment									
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total	
(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)	(I)	(II)
1	15	323	—	—	—	2	—	1	15
								325	(III)
								—	(IV)
								68	Received other forms of treatment
								409	Total number treated

(I). Tonsils only. (II). Adenoids only. (III). Tonsils and Adenoids.  
 (IV). Other defects of the Nose and Throat.



ELEMENTARY SCHOOLS.

TABLE IV.—*continued.*

GROUP IV.

ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic Clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic Clinic	
Number of children treated	1	7	73	—	1	2	77

NOTE. The total should not of necessity equal the sum of various items.

## ELEMENTARY SCHOOLS.

TABLE V.

## DENTAL DEFECTS.

(1) Number of children who were—

(a) Inspected by the Dentist :—

		Aged	Routine age Groups			
Routine age Groups	{	5	...	...	...	470
		6	...	...	...	734
		7	...	...	...	783
		8	...	...	...	797
		9	...	...	...	927
		10	...	...	...	917
		11	...	...	...	1,059
		12	...	...	...	917
		13	...	...	...	855
		14	...	...	...	342
		Total	...	...	...	7,801

(b)\* Specials treated ... .. 1,440

(c) Total (Routine and Specials) 9,241

(2) Number found to require treatment ... .. 6,221

(3) Number actually treated ... .. 4,120

\* Included in number treated.

(4) Attendances made by children for treatment ... .. 5,272

(5) Half-days devoted to—

Inspection ... .. 67

Treatment ... .. 826

(6) Fillings—

Permanent Teeth ... .. 1,380

Temporary Teeth ... .. 354

(7) Extractions—

Permanent Teeth .. ... 1,145

Temporary Teeth ... .. 5,004

(8) Administration of general anæsthetics for extractions ... 54

(9) Other operations—

Permanent Teeth ... .. 133

Temporary Teeth . ... .. 24

Total ... .. 157

ELEMENTARY SCHOOLS.

TABLE VI.

### UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Averaged number of visits per school made during the year by the School Nurses	...	...	...	...	...	10
(2)	Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	...	31,501
(3)	Number of individual children found unclean	...	...	...	...	...	552
(4)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	—
(5)	Number of cases in which legal proceedings were taken :—						
	(a) Under the Education Act, 1921	...	...	...	...	...	—
	(b) Under School Attendance Byelaws	...	...	...	...	...	18

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)  
REGULATIONS, 1928.

Statement of the number of children notified during the year ended 31st December, 1937, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified	...	7
-----------------------------------	-----	---

## ANALYSIS OF ABOVE TOTAL.

Diagnosis	Boys	Girls
1. (1) Children incapable of receiving benefit from instruction in a Special School :—		
(a) Idiots ... ..	—	—
(b) Imbeciles ... ..	—	2
(c) Others ... ..	—	1
(2) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral defectives ... ..	—	—
(b) Others ... ..	—	—
2. Feeble-minded children notified on leaving Special School on or before attaining the age of 16 ... ..	3	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , “special circumstances” cases ... ..	—	—
4. Children who in addition to being mentally defective were blind or deaf ... ..	—	—
Grand Total ... ..	3	4



## Secondary Schools.

### RETURN OF MEDICAL INSPECTION.

1st January, 1937 to 31st December, 1937.

TABLE I.

#### A.—Routine Medical Inspections.

				Boys	Girls	Total
Entrants	...	...	...	249	224	473
Intermediates	...	...	...	478	229	707
Leavers	..	...	...	259	105	364
				—	—	—
	Total	...		986	558	1,544
				—	—	—

#### B.—Other Inspections.

Special Inspections	...	...	...	...	...	249
Re-inspections	..	...	...	...	...	1,189
						—
				Total	...	1,438
						—

#### C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Disease).

				For defective vision (excluding squint)	For all other conditions recorded in Table IIa.	Total
Entrants	...	...	...	23	57	80
Second Age Group	...	...		52	123	175
Third Age Group	...	...	..	27	65	92
				—	—	—
	Total	...		102	245	347
				—	—	—

SECONDARY SCHOOLS.

TABLE II.

A RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR.

						Routine Inspections No. of Defects		Special Inspections No. of Defects	
						Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin	...	(1) Ringworm—Scalp	...	...	...	—	—	—	—
		(2) Ringworm—Body	...	...	...	—	—	—	—
		(3) Scabies	...	...	...	—	—	1	—
		(4) Impetigo	...	...	...	—	—	5	—
		(5) Other Diseases (Non-Tuberculous)				14	—	2	—
		Total (Heads 1 to 5)	...			14	—	8	—
Eye	...	(6) Blepharitis	...	...	...	14	—	3	—
		(7) Conjunctivitis	...	...	...	5	1	1	—
		(8) Keratitis	...	...	...	—	—	—	—
		(9) Corneal Opacities	...	...	...	—	—	—	—
		(10) Other Conditions (excluding Defective Vision and Squint)				2	1	4	2
		Total (Heads 6 to 10)	...			21	2	8	2
						102	131	133	—
						1	2	—	—
Ear	...	(13) Defective Hearing	...	...	...	6	1	1	—
		(14) Otitis Media	...	...	...	2	—	1	—
		(15) Other Ear Diseases	...	...	...	—	—	2	—
Nose and Throat		(16) Chronic Tonsillitis only	...	...	...	16	17	—	—
		(17) Adenoids only	...	...	...	1	1	—	—
		(18) Chronic Tonsillitis and Adenoids	...	...	...	6	2	1	—
		(19) Other Conditions	...	...	...	18	1	5	—
(20) Enlarged Cervical Glands (Non-Tuberculous)						1	4	1	—
(21) Defective Speech						1	—	1	—
Heart Disease :—									
Heart and Circulation		(22) Organic	...	...	...	—	9	—	—
		(23) Functional	...	...	...	—	11	—	—
		(24) Anaemia	...	...	...	22	—	—	—

## SECONDARY SCHOOLS.

TABLE II.—*continued.*

						Routine Inspections No. of Defects		Special Inspections No. of Defects	
						Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Lungs	...	(25) Bronchitis	...	...	...	—	—	—	—
		(26) Other Non-Tuberculous Diseases...				—	2	—	—
Tuberculosis	Pulmonary :—								
		(27) Definite	...	...	...	—	—	—	—
		(28) Suspected	...	...	...	—	—	—	—
	Non-pulmonary :—								
		(29) Glands	...	...	...	—	1	—	—
		(30) Bones and Joints		...	...	—	—	—	1
		(31) Skin	...	...	...	—	—	—	—
		(32) Other Forms	...	...	...	—	—	—	—
Total (Heads 29 to 32)						—	1	—	1
Nervous	(33) Epilepsy					—	—	—	—
System	(34) Chorea					—	1	—	—
	(35) Other Conditions					—	1	—	—
Deformities	(36) Rickets					—	—	—	—
	(37) Spinal Curvature					91	18	1	—
	(38) Other Forms					63	18	3	—
(39) Other Defects and Diseases						38	30	16	1
Total						403	252	181	4



B. CLASSIFICATION OF THE NUTRITION OF CHILDREN  
INSPECTED DURING THE YEAR IN THE ROUTINE AGE  
GROUPS. ...

Age Groups	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	473	174	36.8	283	59.8	16	3.4	—	—
Intermediates ...	707	306	42.3	382	54.0	19	2.7	—	—
Leavers ...	364	170	46.7	189	51.9	5	1.4	—	—
Total ...	1544	650	42.1	854	55.3	40	2.6	—	—

## SECONDARY SCHOOLS.

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR.

TREATMENT TABLE.

## GROUP I.

## MINOR AILMENTS.

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm :—			
Scalp     ...     ...     ...	—	—	—
Body     ...     ...     ...	—	—	—
Scabies ...     ...     ...	—	1	1
Impetigo     ...     ...     ...	—	5	5
Other Skin Diseases     ...     ...	—	12	12
Minor Eye Defects—			
(External and other but excluding cases falling in Group II)     ...     ...     ...	—	15	15
Minor Ear Defects     ...     ...	2	5	7
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)     ...	3	1	4
Total     ...	5	39	44

## SECONDARY SCHOOLS.

TABLE IV.—*continued.*

## GROUP II.

## DEFECTIVE VISION AND SQUINT

(excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease	No. of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including squint) ... ..	160	52	212
Other Defects or Disease of the eyes (excluding those recorded in Group I) ...	4	—	4
Total ...	164	52	216

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... ..	140
(b) Otherwise ... ..	52
Total ...	192

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... ..	138
(b) Otherwise ... ..	52
Total ...	190



SECONDARY SCHOOLS.

TABLE IV.—*continued.*

GROUP III.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects											
Received Operative Treatment											
Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total			
(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)
—	—	2	—	—	1	9	—	—	1	11	—

SECONDARY SCHOOLS.

TABLE IV.—*continued.*

GROUP IV.

ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Otherwise		Total number treated
	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic Clinic	Residential treatment without education	Non- residential treatment at an orthopaedic Clinic	
Number of children treated	—	1	3	—	4	7

NOTE.—The total should not of necessity equal the sum of various items as one child is recorded in both the second and third columns.

## SECONDARY SCHOOLS.

TABLE V.

## DENTAL DEFECTS.

(1)	Number of pupils who were :—							
	(a) Inspected by the Dentist ...	...	...	...	...	...	...	31
	(b) Actually treated ...	...	...	...	...	...	...	31
(2)	Fillings—							
	Permanent Teeth	...	...	...	...	...	...	27
	Temporary Teeth	...	...	...	...	...	...	—
(3)	Extractions—							
	Permanent Teeth	...	...	...	...	...	...	19
	Temporary Teeth	...	...	...	...	...	...	7
(4)	Administration of general anæsthetics for extractions ...							2
(5)	Other Operations—							
	Permanent Teeth	...	...	...	...	...	...	5
	Temporary Teeth	...	...	...	...	...	...	—
(6)	Number of attendances made by children ...							47





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REPORT OF MEDICAL SUPERINTENDENT OF THE  
BOROUGH SANATORIUM.

[illegible]



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